

Opening a Can of Worms: Perceptions and Practices
of Teachers in Newfoundland and Labrador
Incorporating the Role of a Therapist

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Abstract

Educational trends of inclusion and collaboration have led to changing roles of teachers, including an emphasis on personal support. To provide for social, emotional, and behavioural needs, teachers may adopt a therapeutic role. Many models for such support are proposed, with most models including the importance of student-teacher relationships, a focus on social, emotional, and behavioural development, and direct instruction of related skills. This study includes 20 interview participants. In addition, 4 of the 20 interview participants also took part in a case study. It examines whether participants adopt a therapeutic role, their beliefs about student-teacher relationships, whether they provide interventions in personal issues, and instructed social, emotional, and behaviour skills. Findings show that teachers adopt an academic role as well as a therapeutic role, believe student-teacher relationships are important, are approached about personal issues, and instruct social, emotional, and behavioural skills. Talking and listening are commonly used to provide support, typically exclusive of formal curricular goals. The challenges in providing front-line support issues that may be shared within an established student-teacher relationship are considered. Support in turn for teachers who choose to provide support for personal issues in the classroom within a therapeutic role are suggested, including recommendations for support and referral related to specific social, emotional, or behavioural scenarios that may arise in the school community.

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CHAPTER ONE: INTRODUCTION

As classrooms have become an increasingly important settings for interdisciplinary support, teachers are collaborating and sharing roles with an increasing number of professionals beyond what has been historically envisioned as an educational mandate (Mackey & McQueen, 1998; Pellitteri, 2000; Ryan & MacInnis, 2003; Valletutti, 2004). Along with this collaboration is an increasing responsibility for teachers to carry out a more overt role in therapeutic intervention as they have found themselves in situations that may have demanded that they cross the line into involvement with students traditionally fulfilled by therapists. Teachers who may adopt a role as a therapist in their classrooms sometimes appear to be carrying out an unintentional, seldom recognized, and perhaps underappreciated part of everyday instruction, conceivably more so with students needing special education assistance or more individualized attention. Therapist roles that focus on the personal development of students have been based often on characteristics found in humanistic psychology. They also have a relationship with psychoanalytic psychology, but with the caveat that humanistic psychology gives more credence to the idea of human self-control and potential rather than their control by the internal forces dominant in psychoanalysis or the external forces dominant in behaviourism (Crain, 2000).

Contention has existed in literature and practice as to the appropriateness of teachers implementing such a therapeutic role. Opinions have varied as to whether teachers should, in fact, carry out some variety of deliberate therapy within the classroom environment (Kress, Cimring, & Elias, 1997), purposefully create an intentionally therapeutic classroom environment (Radd & Harsh, 1996), or limit their therapeutic role

(Pellitteri, 2000). Intertwined has been the issue of whether psychology and therapy are viewed as an exclusive body of knowledge and skills that may be imparted solely by experts, or as collaborative interdisciplinary interventions that should perhaps be partially delegated to help meet the individual needs of students. Regardless of the debate as to whether teachers should or should not adopt a therapeutic role in their classrooms, a range of school-based and interagency programs exist to implement such therapeutic supports within the ever-changing role boundaries of professional teachers (Hayes, 1995; Mackey & McQueen, 1998; Morse, 1992; Soltis & Fenstermacher, 1992).

Background

Societal shifts in attitudes towards people with disabilities and progress towards social desegregation have led to significant educational reform. This movement has been widely labelled as integration, mainstreaming, or more recently, inclusion. Current practices supporting inclusion have incorporated the advent of the regular education initiative, synonymous with mainstreaming throughout the 1980s, and the least restrictive environment, the practice of offering a continuum of services, instruction and settings which vary according to need (Lupart & Webber, 2002; Winzer, 2008). Inclusion has completed a transition away from a medical model, sometimes referred to as an expert model, where educational and teacher deference to outside expertise is accepted (Hayes, 1995; Weber & Bennett, 2004). It is intended to be a free, appropriate, and unified system of education with two main features: education within mainstreamed settings and in local school environments (Edmunds, 1998; Lupart & Webber).

The practice of inclusion has led to diversity of student needs and abilities in the regular classroom environment, and perhaps a growth in educator sensitivity to the

emotional states of their students. Yet, it is also an approach which teachers have found challenging (Edmunds, 1998), particularly with the advent of inclusion of students with severe special needs (Avramidis, 2002). Meeting the needs of a diversity of students who face pervasive and multiple challenges such as learning exceptionalities, poverty issues, and multicultural challenges has also led teachers and schools to collaborate with one another and related professionals within and beyond the school environment. A range of models of collaboration exist, providing school and community services that wrap around children and families from an interagency perspective (Duckworth et al., 2001). Within and beyond the school environment, many professionals have reported to espouse an ecological perspective (Hobbs, 1978), which emphasizes the home, school, and community-based needs of children, with teachers as the central focal point. In turn, this model relies on a combination of the skills of local educational professionals, the strengths of individual children, and on the surrounding home and community support systems to enhance those abilities (Hobbs; Shatz, 1994; Weber & Bennett, 2004).

Interagency collaboration has led both to a better understanding of the needs of children in and beyond the classroom and to increased teacher responsibility. This changing level of accountability to support all students is evident in current initiatives, such as differentiated instruction, where all teachers focus on the provision of a learning environment that provides success for all students by varying the content, process, and product of instruction (Anderson, 2007; Ontario Ministry of Education, 2005), and universal design for learning, which considers broad learning principles to meet the needs of a range of unique learners in order to create a common accessibility to curriculum (Ontario Ministry of Education). As an element of this service provision trend, teachers

have been part of an unfolding and overlapping of professional roles, referred to as transdisciplinary collaboration (Mackey & McQueen, 1998; Ryan & MacInnis, 2003). Teachers have been referred to also as “carryover agents,” who take on roles and responsibilities from other governmental or community agencies supporting students (Valletutti, 2004).

Such shifting of role boundaries has affected the understood role and assumed responsibilities of teachers within the school setting. One of these affected roles is a changing emphasis in the intervention of nonacademic issues or personal development, including social, emotional, and behavioural concerns. The question remains whether these areas of concern are part of the expected instructional role of teachers, or whether they are beyond teachers’ professional boundaries. Although professional teachers have been mandated to focus on their academic role in classroom instruction (Tucker, 1997), nonacademic issues also affect the life of the school and the individual lives of students and inevitably involve teachers (Pellitteri, 2000). Social, emotional, and behavioural issues can be found in the goals of provincial education bodies and in official government policy, but are not emphasized in the defined role of professional teachers as defined by the Schools Act of Newfoundland and Labrador, Chapter S-12.2 (Government of Newfoundland and Labrador, 2004d; Tucker). However, educational theorists, and teachers themselves, have continued to encourage the instructional role of teachers in nonacademic, or what can be referred to as therapeutic practices (Hayes, 1995; Maich, 2004; Morse, 1992; Nichols, 1998).

This current investigation assumed, as Ellis and MacLaren (1998) stated, that feelings, thoughts, and behaviours are inextricably intertwined. In addition to, or as part

of instructing the academic curriculum, teachers may opt to adopt a therapeutic instructional role in the classroom as part of their role as teachers. According to a review of relevant literature (Hayes, 1995; Morse, 1992; Nichols, 1998; Pellitteri, 2000), this role has appeared to encompass three main components: the importance of the teacher-student relationship; a focus on personal development of social, emotional, and behavioural skills; and the direct instruction of social, emotional, and behavioural skills. Within literature related to the topic of the therapist approach to instruction, five groups of students emerged for such therapeutic instruction: typical students, or those not identified with a special education need, students with transitory needs, students with medical needs, students with special educational needs, and students with emotional/behavioural disorders. The first group was comprised of typical classroom students, who have been involved in common, everyday social, emotional, and behaviour issues within the classroom environment (Radd & Harsh, 1996; Soltis & Fenstermacher, 1992) such as changes in classroom friendships. Second were students faced with intense but transitory needs in the social, emotional, or behaviour domains, such as those who are coping with family trauma (Christiansen, 1997). Third were students with severe medical conditions who have a resulting need for support in the social, emotional, or behaviour domains (Brown & Madan-Swain, 1993; Valletutti, 2004), such as childhood cancer. Fourth were students with other special educational needs, such as those with learning disabilities or autism spectrum disorders, who may struggle with social, emotional, or behaviour issues on a long-term basis (Peach & Keeney, 1991). A fifth and final group were those students with emotional behavioural disorders who typically have had severe

social, emotional, and behaviour issues (Kube & Shapiro, 1996; Nichols) and may exhibit challenging behaviours, including verbal or physical aggression.

Specific social, emotional, or behavioural programs exist, intended to be instructed by teachers exist to meet personal growth objectives in these five groups, such as teaching thinking skills (Nichols, 1998), social skills, self-knowledge, and behaviour skills (George & Cristiani, 1995; Radd & Harsh, 1996). Such therapeutic instruction has integrated into the use of various instructional approaches, including the use of games (Barnes, 2000), writing (Sevald & Kantner, 2003), and literature (Bauer & Balius, 1995). These diverse approaches potentially affect teachers working with both students accessing general education, and students with special needs. As such, varied approaches were essential background to this topic and have been addressed through the foundations of humanistic psychology, the ecological model, and the hidden curriculum, further developed in Chapter Two.

Research Questions Addressed

According to a review of theoretical literature (Hayes, 1995; Mackey & McQueen, 1998), applied programs (Carlson, 2001; Maguson, 1996), and empirical research (Franklin, Biever, Moore, Clemons, & Scamardo, 2001; Quinn & Cowie, 1995), teachers may assume a therapist approach to instruction. Some theorists, however, understood that this approach transverses what might have been viewed as a conventional student-teacher relationship and academic instructional focus (Nichols, 1998). Therapeutic approaches are deliberate, informal, inadvertent, or may occur more with students needing special education assistance or greater individual attention (Barnes, 2000; Hayes; Peach & Keeney, 1991). Although teachers may adopt an instructional

role that focuses on the social, emotional, and behavioural domains, this expectation has not been prominent in the role of professional teachers (Maich, 2004; Tucker, 1997). It has not been clear if teachers report undertaking the role of a therapist with their students and, if so, how this role has been expressed. It is important to understand teachers' perceptions and practices of this issue.

Scant literature exists that has investigated how teachers have perceived their role in the application of therapeutic principles in schools. Through the analysis of interview and case study data related to the perceptions and practices of teacher participants, this current research explains this complex phenomenon (Newman, Ridenour, Newman, & DeMarco, 2003) through the lens of the following primary questions:

1. Are teachers using a therapist approach to instruction?
2. Do teachers believe they are adopting a therapeutic role in the classroom?
3. What do teachers believe about student-teacher relationships in the school context?
4. How do teachers intervene in personal social, emotional, and behavioural issues?
5. How do teachers instruct social, emotional, and behaviour skills?

Significance

This research is significant in gaining an understanding of how teachers perceive and practice the application of therapeutic interventions. It has implications for teaching and learning in general education, special education, and the inclusive classroom. As well, its conclusions may contribute to the current understanding of the instructional role of the teacher, the instructional characteristics of teachers of students with special needs,

the place of social, emotional, and behavioural goals within the curriculum, and teacher preparation.

The therapist approach to instruction can potentially have significant impact on teacher activity within and beyond the classroom environment. If teachers typically assume therapeutic roles and believe this is an inevitable and necessary part of the teaching role, significant implications may exist for teacher education, inservicing, professional hiring, and possibilities for joint training in helping professions. Additionally, government-authorized curriculum and individualized programming for students with special needs can be impacted by a perceived need for therapeutic programs to be taught within schools. Such perceived need also has implications for continued and increased interagency collaboration, particularly between health care and education. Within this study, an examination of the hidden curriculum of social, emotional, and behavioural skills versus the academic curriculum, including the context of individualized curriculum that can be designed to focus on such issues for students with special needs has been completed. Further definitions of essential terms used in the research is found in Appendix A.

Overview

Overall, this research can be described as a multimethods descriptive study utilizing both interviews and case study data collection within a constructivist paradigm. In Chapter Two, literature related to the topical area of teachers as therapists is described. Theoretical, applied, and empirical literature has been examined to explore varying models of the adoption of therapeutic roles by professional teachers, models of collaborative service provision within and outside the school environment, as well as the

use of various instructional strategies to meet therapeutic goals. In Chapter Three, further methodological details, reviewing the research population and perspective, data collection and analysis, trustworthiness, and the technological support to realize research results are described. Here, details of the interviews and case studies as well as additional information regarding survey scenarios, case study narratives, and the use of document review are provided. Participant demographics for both interviews and case studies are presented. In Chapter Four research data, with a focus on interview results offered as strong emergent themes, supported by data from case study participants are presented.. In Chapter Five, discussion and conclusions based on results presented in Chapter Four are reviewed.

CHAPTER TWO: LITERATURE REVIEW

An examination of the literature revealed that much has been written about points of view regarding therapy and teaching. However, little research is yet available on the perceptions and acceptance of teachers adopting a therapeutic role, also referred to as their existential primary task, characterized by the beliefs of participants implementing the role (Margalit, 2001). As indicated in Chapter One, an understanding of roles has provided the background necessary for an exploration of the topic of this research. In Chapter Two an overview of literature related to the topic of therapy in teaching is presented. Included is a discussion of role definitions within the teacher and therapist professions, reviewing role expectations for teachers, psychologists, counsellors, and guidance counsellors, otherwise known as the normative primary task, defined as “the task that people in organizations are supposed to pursue” (Margalit, 2005, p.205). The role of psychological principles as limited expertise versus broader shared knowledge is reviewed, and three therapeutic teaching models are contrasted. Since collaboration is essential to therapeutic teaching, general models of collaboration support are presented which should underlie therapeutic teaching. Therapeutic interventions implemented by teachers that focus on the hidden curriculum of social, emotional, and behavioural needs are discussed through the lens of therapeutic teaching, and subject-specific, curricular-based strategies that support common goals are reviewed. Finally, models of clinical support implemented in schools by therapists are presented as an alternative or supplement to therapeutic teaching.

Role Definitions: Teachers or Therapists?

One trend in both school services and wider community-based services has been the team-based strategy of collaboration (Duckworth et al., 2001; Mackey & McQueen, 1998; Ryan & MacInnis, 2003). Within a collaborative interagency professional environment, professional roles and expectations have continuously shifted both within and amongst various professional roles. In the realms of psychology, education, and their practices, deliberations surrounding role change has been similarly present.

The definition of teacher differentiated from therapist, for example, has been described as elusive, confounded by tacit definitions that traditionally have envisioned teaching as synonymous with generic instruction. Informal language has tended to reference adult supervisors of community-based activities, such as recreational coaching, informal religious instruction, or neighbourhood leadership positions, as teachers. In the professional realm of publicly funded education, a further convolution has occurred with the provincial fragmentation of educational responsibility. In Canada, a professionally certified “teacher” has been defined in each jurisdiction rather than within the bounds of a formally accepted, cohesive national focus on educational standards (British Columbia College of Teachers, 2003; Ontario College of Teachers, 2007; Tucker, 1997).

Teacher Defined

Formal examples of teacher definitions have been drawn from coast to coast from three Canadian provinces. Newfoundland’s Schools Act (1999), the provincial context of this research, explained a teacher’s mandates, role, or responsibilities as including, but not limited to, the provision of instruction and facilitation of learning in students; the promotion of the goals and standards and the programs found in the Schools Act;

evaluation and reporting; supervision and discipline (Tucker, 1997). A teacher is defined as “a person who has a valid certificate of license issued” (Tucker, p. 5). In Ontario, a professional college and self-regulatory body known as the Ontario College of Teachers has been given the sole authority to provide licensure, governance, regulations, standards, and monitoring of professional practice (Ontario College of Teachers, 2007). Teachers are again defined as members of this professional body. The values, knowledge, and skills of teachers are outlined in the Standards of Practice in Ontario and are defined by five key principles: commitment to students and their learning; development of professional knowledge; professional practice; demonstrating leadership within learning communities; and engaging in continued professional growth and learning (Ontario College of Teachers). The parallel regulatory body in British Columbia is the similarly named British Columbia College of Teachers who has been given the responsibility to set standards for teachers and issues certificates as part of their mandate (British Columbia College of Teachers, 2002). The complementary British Columbia Teachers’ Federation has provided a code of ethics for its teachers, including standards for relationships and quality of service (British Columbia Teachers’ Federation, 2003). Similar to Newfoundland and Labrador’s structure, which is exclusive of a jurisdictional college, provinces and territories have defined “teacher” through their own governing policies within provincial educational bodies.

The potential for conflict has existed between academic roles, as described above, and therapeutic roles, outlined below, while each has been simultaneously affirmed. Although a contrast has continued to exist between the two, the roles of teachers and therapists are complementary and have shared professional features, roles, and

expectations at different places along the same continuum (George & Cristiani, 1995; Pellitteri, 2000). One attempt to reconcile role contrast is exemplified by the differentiation of teaching and counselling. In this case, teaching has been envisioned as the implementation of a planned curriculum, instruction, and assessment, while therapy has been envisioned as the building of a distinct relationship with a student that is focused on addressing problems (Nugent, 1994). However, features of both of these roles can coexist. Roles have been clarified somewhat by outlining a typical progression of profession role involvement. In early phases, teachers or school guidance counsellors may first become aware of problem situations and may provide either some manner of counselling, in-school referrals, or contact with families. In later phases, if the resolution of issues is unsuccessful or extend beyond what is locally understood as an educational mandate and school-based expertise, these school professionals contact clinically-based agencies (Schiff, 1990).

To further clarify parallels and discrepancies between teacher and therapist roles, it is essential to examine definitions of therapeutically-based professional roles, including the issue of their voluntary adoption. For the purposes of this research, the definition of “therapist” is centered on the existence of a distinct relationship with the student that is focused on addressing unusual difficulties that arise in the area of emotions or behaviour. The role of therapist could be viewed as an inclusive term within which a range of therapeutic professions can be subsumed, including counsellors, school-based guidance counsellors, and psychologists.

Psychologists Defined

Nationally, the Association of State and Provincial Psychology Board (2003), through which Canadian psychologists in most provinces have been registered, have defined the practice of psychology as an overarching term that includes both counselling and psychotherapy as well as behavioural therapy and psychoeducational therapy as part of its mandate. According to this regulatory body, a license is necessary to practice psychology as a psychologist. This license may be granted by the association or a local board of examiners, after a complex evaluation of credentials that include standards in individual educational history, examination results, and supervised experience.

Counsellors Defined

Appropriately trained counsellors in Canada, as defined by the Canadian Counselling Association, may be approved to join this national association, whose mandate has been to enhance and support effective services (Canadian Counselling Association, 2003). They described their services further as providing professional development, leadership, offering support, and promoting professional alliances. In order to obtain professional membership, qualifications are reviewed individually and must include the minimum requirement of a Master's degree in counselling or a corresponding discipline (Canadian Counselling Association).

The term counselling is used to define either a process or a profession, or both. As a profession or vocation, the term counsellor is defined as a trained professional working with a range of individuals and groupings who uses a combination of “psychological, health promotion, developmental, and educational processes to facilitate wellness, personal growth, healing, problem solving, crisis management, and healthy

personal and interpersonal development” (Campus Alberta, 2003). Typically, counsellors are certified by a board or association, emerge from any of a range of multidisciplinary areas, and are employed in a similar range of circumstances (Nugent, 1994).

Counselling, when alternatively viewed as a process, included either formal or informal activities that have been summarized as focusing on changes “in cognitive, affective, behavioural, and systemic or contextual experiences that interfere with healthy development and functioning” (Campus Alberta). Counselling assists clients or students with five major areas: behavioural change; coping skills; decision making; relationships; and developing individual potential (George & Cristiani, 1995). As well as a process and a profession, counselling is understood as a relationship that encompasses problem solving, making choices, and assisting clients to act on their choices, as well as including learning, personality development, or personal and social growth as its goals (George & Cristiani; Nugent). Educational requirements, the certification process, and supervisory bodies, then, differ from both those of psychologists and those of professional teachers.

Guidance Counsellors Defined

School guidance counsellors have a related role to the broader understanding of counsellors, with specific responsibilities within the school system. Idol and Baran (1992), who integrated the work of other researchers, viewed guidance counselling in the elementary school as a role with seven components. Guidance counsellors are, first, program managers who provide a comprehensive program of guidance, of which counselling has been a part. Second, in this guidance component, they work within a normal developmental process for children and provide guidance-specific activities such as career planning. Third, as part of the counsellor component, they develop therapeutic

relationships and provided individual and group counselling to students. Fourth, they consult with in-school and interagency professionals to intervene and problem-solve, and fifth, they co-ordinate student resources, including referrals, team meetings, and special programming for students with exceptionalities. Sixth, guidance counsellors implement standardized and individualized assessment. Seventh, such school-based professionals are responsible for appropriate professional, legal, and ethical standards and advocating for students within these boundaries. A school guidance counsellor, then, in the context of this research, at minimum has maintained an equal certification process and supervisory bodies as professional teachers, a profession of which they have remained members, with additional professional development expectations. Paramount in these debates surrounding role definitions have been the limitations of therapeutic knowledge and implementation and presentation of a range of models of teaching practice which focus on the adoption of therapeutic roles.

Therapeutic Skills: Expertise or Shared Knowledge?

Therapeutic skills have been presumed to have an accepted “mystique ... [and] were carried out by *experts* convincingly demonstrating the power and potential of the arts to ‘help and heal’” (Peter, 1998, p. 168). Therapists, within this perspective, justifiably warned nonspecialists of the dangers of using techniques without training. This attitude exemplified how clinicians can be set apart from educators and assumed to have irreplaceable expertise and authority. However, a contrary view has been expressed opposing the sole role of experts in therapy. Hayes (1995) outlined the foundation of Miller (1969), who proposed the revolutionary theory that psychology should be shared knowledge practiced by nonpsychologists. Miller believed that schools represent

appropriate systems in which therapy can take place. He shared a vision that psychology should be shared or given away and be applied practically by nonpsychologists, including school personnel, rather than perceived as a secret expertise. Canadian services in the area of mental health similarly have supported such a direction, recommending that “school[s] become the 'hub' of effective mental health care” (Mounsteven, 2007, p. 1).

Models of Teachers as Therapists

Aligned with this perspective of psychology as shared knowledge, a range of models of therapeutic roles of teachers has emerged. One example of related research attempted to clarify the role perceptions of what are described as “therapeutic teachers” (Margalit, 2001, p. 205). However, in this case, therapeutic teachers were defined as resource teachers within a partial withdrawal program designed to intervene in emotional issues: in other words, in this empirical study of perceptions, a therapeutic teacher is a existing role assignment within the Israeli school system, rather than an instructional style. The importance of therapeutic teachers were framed by their therapeutic personality, intuition and flexibility, rather than their “tutorial” (p. 209) or academic role. In Margalit’s study, self-confidence emerged as the most significant ideal characteristic for therapeutic teachers, who—also ideally—envisioned self-confidence, social adjustment and less stress and fears as the “most important areas of change” for their students (p. 209). Within most models of teacher as therapist, however, limited research exists to provide a framework for such roles as perceived and practiced by teachers themselves.

Teachers within The Therapist Approach

The “therapist approach” to classroom instruction integrated therapeutic principles into the education field, and emphasized the development of personal characteristics (Soltis & Fenstermacher, 1992). It described a general instructional approach intended for all students, with the overall purposes of enabling genuineness, assisting students in choosing to acquire knowledge, and supporting that process in the pursuit of students’ self-advancement (Soltis & Fenstermacher).

Soltis and Fenstermacher (1992) further identified the therapist approach as a psychology encompassing both mental health and emotional health, which referred to Rogers, a humanistic psychologist, for its pedagogical implications. Rogers (1983) summarized learning as personal, in other words, as self-initiated, self-evaluated, and pervasive, and its essence as meaningful to the learner. Teaching, then, is carried out within caring teacher-learner relationships by an genuine person who takes on the role of a director, guide, or facilitator of learning (Soltis & Fenstermacher). Similarly, Rogers emphasized that all individuals, including teachers and learners, are searching for identity, or the “real self” (p. 34), which is a lifetime process of becoming fully functional people. Açıkgöz (2005) provided empirical support for the linkages between students’ perceptions of the characteristics of teachers and students’ attitudes with the goal of building knowledge of the development of an effective learning atmosphere. Within this quantitative examination of personal, professional, and pedagogical teacher characteristics, Açıkgöz determined that personal characteristics (i.e., friendliness) are an important influence on students, in addition to pedagogical and professional capabilities.

These tenets underlie the integration of educational and psychological principles into school-based instruction.

Teachers within the Educational Therapist Approach

Teachers in the educational therapist model make use of interventions categorized as psychoeducational, an integrated concept that is differentiated from either solely therapy or exclusively academic education (Morse, 1992). Teachers have been described as the original educational therapists, deliberately learning and applying psychoanalytic knowledge. Specifically, education typically focuses on academic achievement, whereas mental health focuses on the affective areas of functioning (Morse). Integrated psychoeducational teaching, according to Morse, merged both educational and mental health approaches. Within a comprehensive analysis of current issues of teachers and mental health professionals serving school-age children, Morse examined roles, legal issues, and practical applications with a critical look at a number of potential challenges to merging mental health services and schools, including the issue of access to voluntary psychological services.

Teachers within the Psychological Educators Approach

The “psychological educators” model focuses less on the teacher-learner relationship and more on the deliberate instruction of the hidden curriculum, with more emphasis on student-directed strategies than the educational therapist model. Teachers here have been described as psychological educators with the understanding that education should have a deliberate psychological basis (Sprinthall, 1980). The term psychological educators indicates that teachers do have a role beyond the academic curriculum and should purposefully instruct children in the hidden curriculum of

psychological growth, focusing on the development of aspects such as positive values and attitudes that are absent from the general curriculum of intellectual growth. This model merged guidance and educator skills but emphasizes that educators maintain an identity within school-based practice, rather than therapy. Hayes (1995) lamented that such attempts to merge these skill sets, however, are often unsuccessful due to entrenched and established systems, but was hopeful that the cumulative results of current practices of educators and counsellors can encourage others to persist. Psychological education, in all contexts in and beyond the classroom, is understood as a range of strategies to “improve the overall mental-health attitudes in schools, agencies and communities” (Nugent, 1994, p. 5).

Models of Collaborative Support

Jackson (1997) emphasized the importance of the everyday, unnoticed, seemingly mundane aspects of the school day, indicating that in reality, schools have an unmatched social intimacy which contrasts with the academic curriculum. However, this less deliberate, hidden curriculum is linked inextricably to the academic curriculum in which teachers and learners have been mandated to engage. Mosher and Sprinthall similarly stated that instruction in the hidden curriculum, such as self-worth and competition, is inevitable, but rather than being inadvertent and potentially damaging, it should be a “deliberate psychological education” (Hayes, 1995, p. 157). Teaching about social, emotional, and behavioural skills could be considered part of this hidden curriculum. Strategic approaches to integrating therapeutic approaches into instruction have brought this curriculum to the forefront.

Classroom teachers and special education teachers may inadvertently or deliberately implement formal or informal role in therapeutic intervention by assisting with change and growth (Corey, 1996). Teachers may choose a therapeutic approach to teaching all students. When therapeutic interventions are carried out within the school system, but by external clinicians supporting schools, research emphasized the importance of a collaborative approach for professionals striving to meet the individual needs of children requiring therapeutic services. For example, Russell (1997) isolated collaboration amongst school professionals as a key issue in the policy and program development for children with challenging behaviours and learning disabilities as well as an effective multidisciplinary, multiagency approach to assessment and treatment.

The Ecological Model

As Glasser (1990) emphasized, environment is essential to learning, and as humanistic psychology emphasizes, relationships are essential to learning. The ecological model encompasses the importance of the role of the social context in which children function, emphasizing relationships in all social contexts in their environment. It places importance on the total social context including children's home, the school community, and the wider community beyond school (Shatz, 1994). According to Hobbs (1978), whose work in behaviour intervention using the ecological model has been considered significant (Shatz), each child is part of a unique, variable ecosystem which changes over time. If this ecosystem has had an overabundance of discord, children would be "in trouble." The goal of any such interventions, in this case termed ecological interventions, is to address the whole ecosystem and to balance the system with the

developmental needs of the children in mind, retaining or restoring families as the central unit (Hobbs).

Optimally, Morse believed that such an integrated effort to supporting children should happen through deliberate interagency collaboration with the central force of a teacher and support from mental health professionals, while admitting that an ideal model has yet to be discovered. Further, he compared teachers and mental health professionals in their relative roles working with students but also cautioned that students may not respect these boundaries, making it important to remember that classrooms can indeed be therapeutic places with no preset roles for assisting children in distress. A noted rationale for these blurred boundaries was the recognition that teachers are often engaged with students for lengthy, consecutive periods of time, while external therapists may implement less time-intensive, episodic therapy-based interventions. However, to develop effective interventions by teachers who implement therapeutic activities, multidisciplinary preparation should occur, as well as joint training for various interdisciplinary professionals involved with meeting therapeutic goals, so that all work together in a “meltdown” of professional boundaries (Morse, p. 6).

Integrated Therapy

Integrated therapy approaches intervention holistically, specifically in the field of disability (Mackey & McQueen, 1998). Rather than breaking down individual challenges to fit with professional roles, this view saw every aspect of children as part of the whole child and assumes that what has been termed “transdisciplinary collaboration” is occurring. Rather than joining together discrete segments of professional roles and independent tasks in what has been viewed typically as interdisciplinary or

multidisciplinary collaboration, transdisciplinary collaboration envisioned an overlap of disciplines. It has been described by keywords such as “across” and “beyond,” depicting overlapping professional roles in comparison to descriptors such as “between” and “among,” and depicted multiple professionals independently supporting students. Such integrated therapy, along with inclusive education, has been understood as relevant to current views of service provision in the field of disability. According to Mackey and McQueen, integrated therapy must occur holistically in all environments and have a functional purpose in daily life. The authors concluded that, for this to happen, professionals in the areas of both health and education need to be willing to change traditional roles and boundaries, requiring “time, work, openness and the humility to realise that we are all learning” (Mackey & McQueen, p. 26).

A therapeutic approach to instruction, then, can be viewed as an instructional style utilized by educators with all students or with specific groups of students. Providing more specific therapeutic interventions may be carried out by school staff or outside agencies, but a common need is a strong interagency approach. Many approaches exist that demonstrate how educators have provided services that can be considered therapy in schools, more focused on intervention than prevention.

Focus on Prevention

Lechtenberger, Mullins, and Greenwood (2008) have identified the implementation of positive behaviour systems as an evidence-based approach to promote safety and security within a positive learning environment for both students and staff. Kennedy et al. (2001) empirically studied the effects of what they describe as positive behavioural supports and person-centered planning on the general education participation

and the frequency of targeted problem behaviours of students either receiving special education services or deemed as at risk. To develop positive behaviour supports, teachers must focus on providing positive reinforcement intervention through “curricular, instructional, biological and reinforcer-based events associated with problem behaviours” (Kennedy et al., p. 162). Person-centered planning, a complementary type of intervention planning used to support individual success and inclusion planning, is discovering supports that suit each individual’s characteristics and strengths (Kennedy et al.). The term “person-centered” originated in Carl Rogers’s nondirective approach to counselling which viewed the client as the therapy leader and typically focused on developing an awareness of self and others as well as self-actualization (Gladding, 1999).

The role of teachers in such intervention is to combine positive behavioural supports and person-centered planning in schools, provide information for a formal functional analysis, collect observational data, and takes part in group meetings to outline students’ strengths, needs, and individual support plans. Teachers also carry out identified interventions, including changes to attention, scheduling, or activity rewards. For 2 of the 3 students in this Kennedy et al.’s study (2001), combining both person-centered planning as well as positive behavioural supports, decreases in problematic behaviours were observed, along with an increase or continued high level of general education participation. Consequently, the authors concluded that this combination can both decrease negative behaviours and increase general education participation (Kennedy et al.) when carried out by classroom teachers. In addition to implementing preventative strategies such as those described by Kennedy et al., teachers can also have a role in the implementation of intervention strategies.

Focus on Intervention

Nichols (1998) supported teachers having a deliberate, direct role in therapy in the classroom. Her underlying premise encompassed what she envisions as a sideways step in the role of a teacher of students with emotional and behavioural disorders into an enhanced role of “psychoeducator,” focused on the curriculum of thinking, feeling, and doing. According to Nichols, psychoeducators have taught academic curriculum, thinking processes, and problem solving but have also engaged in instructing problem solving personally and interpersonally. Her approach emphasizes thinking, feeling, doing, and dealing with anxiety, anger, and stress as the curriculum of the psychoeducator, beyond a typical academic curriculum. Although teachers are not licensed therapists, in the role of psychoeducators, they can supplement individual therapy. She further emphasized that teachers, especially those working with the challenges inherent in teaching students with emotional and behavioural disorders, already have many of the appropriate skills needed to implement such programs, “Who can educate better than good teachers?” (p. 3).

Though Nichols (1998) supported the therapeutic role of teachers, Russell (1997) emphasizes that if teachers do not have access to new skills and expertise to carry out interventions, problems can occur. Thus, related intervention frameworks to provide teachers with appropriate conversational problem-solving skills, such as Dwairy’s (2005) provision of a specific model for verbal conversation with children, can be utilized. Dwairy’s set of strategies for verbal conversation with children was built from the belief that, although interactions with children are typically verbal, few recommendations have existed on how to effectively implement conversational skills to support children.

Dwairy’s (2005) problem-solving conversation skills model promotes such

problem-solving conversational management skills for all partners, including parents, teachers, clinicians, and students. He supports this model with a case example. Russell differentiated such new knowledge into “school-based responses” and “*clinical expertise*” (Russell, p. 63). School-based responses are found within schools, and clinical knowledge is developed beyond the school environment. She believed that, without access to knowledge and skills developed beyond the context of the schools, it is difficult to maintain an integrated approach to solving challenging behaviours. She suggested that such a disparity can be solved with the assistance of school-based guidance counsellors in the development of a therapeutic classroom, who can also assist teachers in learning skills and implementing strategies.

Christiansen (1997) recommended enhancing protective factors guarding students from trauma as one area where guidance counsellors can assist teachers in learning and implementing skills and strategies that have been shown as a positive alternative to intervening in problems once they occur. According to the author, teachers should incorporate protective factors in classrooms, including a focus on mentors, hobbies and interests, relationships with adults, and family supports. This is one example of developing a more therapeutic classroom. Specific models for school-based interventions to make classrooms therapeutic places, including rational emotive/ behaviour therapy, rational emotive education, reality therapy, and the self-concept series, are outlined in the following paragraphs.

Rational Emotive Behaviour Therapy

In another approach to classroom therapy, Nichols (1998) discussed the use of rational emotive behaviour therapy applied to the classroom setting, which she

envisioned as an ideal place for implementing the curriculum of effective interventions focused on thinking, feeling, and doing through the venue of a specific skill-based program entitled interpersonal cognitive problem solving skills. Rational emotive behaviour therapy can be described as a humanistic therapy that focuses on both behaviour and cognition and is “based on the idea that one’s thinking about events produces feelings and behaviours, not external circumstances” (Gladding, 1999, p. 401). It emphasizes control of negative or irrational thoughts, beliefs, and behaviours to change suffering into enjoyment (Ellis, 1970; Gladding) and rational thought (Gladding). Curriculum development in thinking skills taught by teachers should focus on specific skills necessary for such interpersonal cognitive problem solving and program development that may not be a product of spontaneous learning (Nichols).

Rational Emotive Education

Vernon (1996) explained a further derivation of rational emotive behaviour therapy as rational emotive education, which acts to “empower clients by teaching them mental health principles they can use in dealing more effectively with life’s challenges” (p. 1). She envisioned the optimal approach to utilizing rational emotive education principles in classrooms is through structured lesson plans that combine experiences and social interactions. Vernon outlined two other less optimal, but acceptable approaches to rational emotive education in the classroom. One alternative is to integrate therapeutic concepts as part of the academic curriculum, such as teaching problem solving through the example of story characters. A second alternative to structured lesson plans is to apply rational emotive behaviour therapy principles informally in discussion with individual children as problems arise.

Reality Therapy

Reality therapy is characterized as a behavioural approach focusing on actions rather than feelings, and views behaviour compared to an objective standard or moral principle, from where the term “reality” emerges (George & Cristiani, 1995). Glasser theorized that striving to meet basic physiological and psychological needs is the motivation for all human behaviour. Glasser further stated that individuals should make their own value judgments about personal behaviours, face reality, and take on personal responsibility in order to facilitate change. Overall, “the more responsible people are, the healthier they are; the less responsible, the less healthy the reality therapist attempts to teach clients an approach to life that involves living responsibly” (1990, p. 95).

Reflective of Glasser’s theoretical bases, a related case study (Margolis et al., 2001) had dual goals: the development of responsibility and the development of behaviour in alignment with the expected conduct of school and peers. A case study reported by Margolis, Muhlfelder, and Brannigan (2001) centers on a therapeutic and academic intervention carried out by a special education practicum intern instructing a student with behavioural and academic special needs. In this case study, a student intern developed a close relationship with one high school student, provided individualized instruction in math, and integrated the use of Glasser’s reality therapy (1965, 1990). The eight steps to this case study approach are: development of a trusting relationship; acknowledgement of the importance of students while exhibiting acceptance and respect; modeling responsibility; providing assistance in meeting these set standards; assisting students in learning the steps to reach goals; not accepting excuses but also not giving punishments; reinforcing students’ capabilities; and focusing on present, not past,

behaviours. Margolis et al. summarized the success of this reality therapy-based intervention by describing an improvement in math skills, behaviour, and personal interactions, all moving towards the fulfillment of graduation requirements. Overall, the student now “seem[ed] to be satisfying what Glasser (1965) considers one of the basic psychological needs of human beings - to feel worthwhile to ourselves and those we respect” (p. 155). This intervention was a successful example of how both a low-ratio student-teacher special education setting and the tenets of reality therapy can be used to achieve a combination of academic and therapeutic goals based on individual needs.

Beyond the context of the Margolis et al. (2001) case study, Glasser’s (1990) novel approach clearly advocated individuals implementing therapy, including the school environment and the teaching staff. Glasser categorized reality therapy as a new approach to helping individuals who are in denial of the realities of life to fulfill their needs and develop responsibility. He believed that “the public schools, [are] by far the most logical place to do any real preventative psychiatry” (p. 155) due to their natural and comfortable context for children and adolescents. Letchenberger et al. (2008), in their recent examination of the role of schools in children’s mental health, similarly viewed school-based practice as such a natural, familiar, obvious, and less stigmatizing venue for service provision. Glasser, however, extended a focus on the venue to training school personnel through short workshops as a cost-effective approach and one that protects children from potential negative experiences by intervening within an ordinary environment. In addition, this approach can be carried out by those with limited formal training specific to therapy, but with a desire for personal involvement, along with an

understanding that those whom Glasser described as “problem children” can be assisted by more than the means of conventional therapy.

Self-Concept Series

Radd and Harsh (1996) explained the use of the self-concept series as a way for educators to help students to improve both personal self-concept and internalizing appropriate behaviour in the classroom environment, including peer interactions. In their informal study, this approach was used with students labelled as behaviour disordered. They emphasized it can be compared to more traditional talk therapy, where the use of the self-concept series as a style of thinking can be incorporated throughout daily events. The approach followed three main tenets: first, unconditional acceptance translated into the value of individual students; second, that individuals need to help and not hurt other individuals or themselves; and third, that they must remember that they are indeed special and important, and demonstrate this knowledge in their thoughts and actions. Teachers, in this case teachers of students with exceptionalities, used this approach as an everyday strategy. Primarily, this was implemented through the use of teacher-student narratives as part of the development of diverse areas and situations, such as class rules, as a goal of students' learning activities, to improve peer relations, to increase on-task behaviours, and to transition between different school environments. In addition to improvements in self-concept and overall behaviour, the teaching of the self-concept series assisted students in the development of internal reinforcement, internal locus of control, respect, confidence, and reorganizing feelings and thoughts (Radd & Harsh).

Instruction related to the development of social, emotional, and behavioural skills of the hidden curriculum can also be accomplished within a curricular-based model.

Various teacher-led interventions which can be aligned with typical subject-specific curricular goals are also an option for therapeutic interventions. Examples of teacher-led interventions which support both personal goals and the objectives typically found in health, language, and the arts are reviewed below.

Subject Links

In addition to models that transcend daily school life and school curricula in an integrated approach for a teacher, class, or school, therapeutic approaches have also been associated with subject-specific instruction. The following examples examine various methods of linking therapeutic teaching to health, language, and the arts.

Health

Students may have special medical needs which necessitate a more therapeutic approach to teaching beyond the strictly academic curriculum. Following a literature review, Brown and Madan-Swain (1993) considered the specific educational needs of students with leukemia who have endured prolonged absences from school. In a brief look at school reentry issues, Brown and Madan-Swain's position was that children with leukemia reentering school may need special education support. Special educators or classroom teachers need to work collaboratively with family members and medical personnel for intervention in various areas including academic programming, side effects of treatment, school absences, social difficulties, self-esteem problems, and educating other children in the class.

Students with other chronic illness may also require similar supports in the classroom due to potential psychological problems, although minimal empirical data are available on this topic (Sexson & Madan-Swain, 1993). Sexson and Madan-Swain

asserted that co-operative relationships between paediatrics and special education should be emphasized in order to support students with both academic and health needs. For example, schools may be requested by mental health professionals to provide specialized services such as behavioural programs for school phobia, where teachers are not only collaborators but an active contributor to establishing normalcy.

Alternatively, therapy has been implemented informally in classrooms through games, as reported by Barnes (2000) in his use of “Mrs. Miggins,” a board game developed as a therapeutic tool translated for classroom use in small-group educational settings. This teacher-created game was based on Ellis’s rational emotive behaviour therapy and was developed to help alter attitudes of students with behaviour difficulties towards school. Within classroom instruction, instances for feedback are commonplace and can be used as therapeutic opportunities, a perspective consistent with Ellis’s view of psychotherapy as an educational-based pursuit (Barnes). Barnes also referenced Ellis’s rational emotive behaviour therapy, which includes the precept that individuals often have irrational beliefs about particular events, which can be changed or disputed (Ellis, 1970). Mrs. Miggins, then, was developed following these principles as an unseen dispenser of advice through developmentally appropriate game cards that work to dispute distorted perceptions children often have of typical classroom situations. Although its use is not evaluated in this introductory article as valid empirical research at this point, it has promising applications in everyday teaching situations (Barnes).

Other programs in the general or special education classroom environment have been addressed specifically to teachers. Peach and Keeney (1991), for example, surveyed 72 teachers of students with special educational needs to determine which remedial

strategies were being implementing in the classroom setting. Peach and Keeney found that a majority of special educators (76%) in their study used some type of social skills strategy--described as counselling in combination with behaviour modification--as remedial intervention to support children with exceptionalities.

Language

Writing can be characterized as including a therapeutic as well as an academic outcome, even if using writing as therapy is not deliberate (Sevald & Kantner, 2003). Bauman (2002) similarly believed there is a fine line between the role of teachers and therapists, which is inevitably crossed. In the context of postsecondary writing classes, he described one student's journey from beginning academic disinterest to life change, using writing as an instrument of this change. Bauman reflected that, although he envisions himself in the role of a teacher, not that of a therapist, treating student writing as

a purely educational issue would be not only heartless but truly stupid. While it may seem best to keep academic and personal issues separate, it's hypocritical. Personal heartaches, neuroses, and rage account for part of the vitality of great books and their best teachers. Surely it is the same for our students and their studies. (p. B22)

The teacher in this narrative deliberately pushed his student to reveal his inner self and pivotal life experience in writing and discussion through a collaborative teacher-student relationship that extended beyond a solely academic experience.

The use of oral expressive and receptive language can also be used as a vehicle for teachers to integrate therapy and teaching. Bauer and Balius (1995) outlined the use

of storytelling as a tool that links intervention in the areas of both academic and emotional growth, using the rationale that cognition and emotion are inseparable and thus should be treated in an integrated manner through an interagency approach. The Special Education and Treatment Program (SET) used such a bibliotherapeutic approach to implement therapeutic storytelling, where “the sharing of reading material through storytelling to help solve emotional problems and promote mental health” (Pardeck & Pardeck, 1984, cited in Bauer & Balias, p. 25) is carried out. “Catch a Falling Star” (Grass, 2001) is one such example of a juvenile fictional narrative based on the optimistic story of a young boy coping with his emerging mental illness. Although it is based in storytelling using a fairy tale dragon metaphor, its particular message or content is quite deliberate and conspicuous; however, this intentional link is not always necessary nor always desired. In the SET program, students received comprehensive full-day special education services of a special education teacher, an aide, and on-site mental health services for students with severe emotional difficulties. Various types of therapy and services were provided through an interagency team approach as well as the creation of what the authors term a “therapeutic milieu” within the classroom working to enable day-to-day effective problem-solving and subsequent success. Bibliotherapy, within the context of the SET program, typically worked through stories by the processes of identification with story characters, experiencing catharsis through sharing the characters’ situations and feelings, and finally growth of insight into behaviours. These processes intend to target issues with emotional problems, mental health, self-esteem, and role models as only a few examples of a wide range of stated focus areas. Practical suggestions for incorporating bibliotherapy into the classroom environment have also

been provided, centered on the necessities of curriculum compacting to ensure room in the academic day for such activities, academic follow-up to build on storytelling, and strategic planning to ensure successful locale, transitions, and behaviour management. Interagency co-operation, therapeutic follow-up, and a child-centered approach were considered necessary attributes for a successful program, though only anecdotal feedback was provided to evaluate this example of a intervention program for students with emotional issues.

Carlson (2001) likewise suggested the use of therapeutic storytelling. In this case, though, the author did not specifically focus on teachers as storytellers; rather, she referred to intervention through a trained therapist. She proposes that others, however, may also choose to adopt one role within this model: rereading relevant stories. A teacher would fit the acceptable profile provided by Carlson: one who is able to choose appropriate reading materials and is knowledgeable in literature, reading, and language. This approach to bibliotherapy noted that both healthy children and children coping with a range of difficulties can benefit from books that reflect life situations; however, Carlson also concluded that little empirical evidence can be found for the goals of effective therapeutic story telling.

Yet another approach to the therapeutic use of story outlined how a school guidance counsellor's lesson plan can be applied to the classroom, integrating curriculum and therapeutic goals. In one provided example, Maguson's (1996) lesson plan directed the guidance counsellor to focus on issues of friendship and support through the story elements in *Charlotte's Web*. The therapeutic focus was first introduced as a teacher-taught language-based classroom activity and can serve as a model for teachers to expand

the use of story beyond academic goals. Such consultation between guidance counsellors and teachers, however, may present its own challenges if not approached cautiously. The implementation of a model of working together such as collaborative consultation was suggested by Idol and Baran (1992), which stresses interactive team work, diversity, equality, and problem solving. Idol and Baran detailed potential areas for conflict between the guidance counsellors and special education teachers in the areas of role or function, conflict, and power struggle, which should be considered when implementing such initiatives.

The Arts

Christiansen (1997, p. 206) emphasized that “the classroom community contains children with so many complex needs that it is difficult for teachers to meet individual needs effectively without the support of the entire community.” One way that teachers have worked to provide for all students has been by creating what is termed a therapeutic teaching environment or teaching therapeutically, which was differentiated from the practice of therapy in schools, or a less complex relocation of clinical services and personnel to the school environment. Pellitteri (2000) categorized music therapy as both a type of art therapy and a clinical treatment service related to special education that is perhaps closer to counselling than recreation. Peter (1998) clarified the distinction between “therapy” and “therapeutic” within the context of arts education for students with special needs by differentiating the complementary roles of art therapy and arts education. Within school-based practice, Peter stated that art therapists are not providing what can be called therapy; rather “both [therapy and education] are ‘therapeutic’ in the

sense that they recognize the value of the creative process for releasing tension or supporting the containment of feelings” (p. 170).

In a similar approach to therapy and the arts, music therapy was defined as a systematic process within a therapist-client relationship that is working towards a goal of healthy change through the improvement of psychological functioning (Pellitteri, 2000). Such improvement goals range from attention to self-expression, whereas music education focused on skills and knowledge of music and musical instruments. Arts education focuses on the development of skills, related knowledge, and understanding that complement art therapy, but art therapy can consist of a process that includes a “‘helping and healing’ agenda” in the areas of relationships, communication, or intervention with issues that may be preventing learning (Peter, 1998, p. 170). Although arts education has primarily focused on making, presenting, and appraising the arts, classroom teachers can also play a role by intervening in the related skills, such as social education, self-esteem, problem solving, and metacognition (Peter). For all students, a therapeutic emphasis or environment can be modeled; for students with special needs, related opportunities can be connected to individualized education plans (Pellitteri; Peter).

Overall, it seems likely that teachers would be able to implement approaches to social, emotional, and behavioural development which typically are employed as accepted teaching practice in classroom use, such as the use of literature to examine personal issues. However, not all social, emotional, and behavioural issues are appropriate for discussion in the school environment. Referrals to external mental health professionals may be necessary and appropriate within the school environment (Schiff,

1990) where issues occur that are beyond the expected mandate and expertise of the school setting and its personnel. Such direct and formal therapy can also have been provided by the services of clinicians integrated into school settings, as described below.

Therapy by Therapists

Integrating clinically based therapists directly into the classroom or school setting can be considered helpful but also challenging, and perhaps a further rationale for the division rather than integration of services (Monopolis, 1994; Schaltz, 1994). As an example, in the field of physical therapy, Schaltz provided a list of necessary prerequisites for integrating therapists into classroom environments, with the assertion that therapists entering and participating in the classroom environment need to be sensitive, flexible, proactive, collaborative, and communicative in their approach. Such an approach to integrating direct service provisions successfully can apply to one-on-one therapeutic situations between therapists and student clients as well as to group counselling and family therapy.

In the following models of therapy provision in schools by external professionals, teachers typically play only a peripheral or complementary role, unlike their professional significance in the adoption of therapeutic teaching principles. Not all have agreed, however, that such role separation is effective; rather, some have felt that teachers should not be fully separate from the processes involved in therapy. Consequently, one perspective is that teachers and school counsellors may implement some family therapy techniques directly, rather than adopting the typical “wait and see” approach that places an outside therapist in a position of sole responsibility (Bobebe, 1990).

Brief Therapy

Brief therapy is a short-term, time-efficient approach to counselling for resolution of specific problems within a set timeline (Nugent, 1994). Various empirical studies have illustrated the efficacy of external therapists in the provision of such therapy working within the school environment (Bobeles, 1990; Quinn & Cowie, 1995). For example, a single case narrative demonstrated the application of external family therapy consulting within a school setting (Bobeles). Bobeles stated that family therapists work in systems theory, which focuses on the social networks of interconnected individuals. The provided case study uses a pragmatic or practical approach to resolving family problems using the brief treatment model, with an emphasis on resolving currently troubling behaviours.

Bobeles believed that the principles of family therapy in application to school-based issues are still in development. Another set of case studies examined collaborative, contracted family counselling in the school environment which supported the suppositions that school personnel can provide rich information to therapists and the likelihood that the education system will be a growing venue for such provision of family-based services (Quinn & Cowie). Quinn and Cowie provided examples of three single-subject case studies illustrating both difficulties in crossing boundaries between the counselling and education systems as well as examples of interagency growth in effective collaboration.

Solution-Focused Therapy

Franklin et al. (2001) reported results of an intervention through a group of 7 experimental case studies using solution-focused therapy utilizing AB single-case designs. This solution-focused therapy concentrated on using “behaviourally and cognitively oriented therapy techniques to amplify positive behaviours and reinforce the use of effective coping strategies” (p. 411). These strategies emphasized both the process of intervention and the modification of future behaviours by discovering different ways of approaching problems. In these examples, therapy sessions were carried out by external therapists working in schools with children identified as learning disabled but who also had behaviour problems. The authors described their findings as positive yet inconclusive, referencing the potential of solution-focused therapy for students in special education within a model that has not been firmly established through experimental methodology. They recommended further teacher consultation and training in solution-focused therapy for all teachers.

Kral (1990), a dissenting voice, also analyzed the solution-focused therapy model and disagreed that clinic-based services traditionally implemented outside school settings can successfully transition into the school environment. Taking a different approach than Franklin et al., he considered whether or not family therapy can realistically be carried out within schools, by comparing the conditions needed for effective solution-focused brief therapy to those of the school environment. He considered whether the appropriate therapeutic conditions are present or possible in the school environment and recommended a nontraditional approach for school which includes teacher consultation. In addition, Kral envisioned classrooms as a point of primary care with a dual focus: one

being the continued provision of education, support, and challenge, but also on prevention, contrasted with the rehabilitation and therapy provided through a mental health context.

Summary and Conclusions

This literature review has illustrated that a range of models of teachers adopting a therapeutic role exist. Certain models have supported this notion (Glasser, 1965; Rogers, 1983). Glasser's reality therapy (1965, 1990) and Rogers's humanistic approach (1983) have been recognized widely as approaches to implementing therapeutic principles in the classroom environment. The latter has been utilized in practical approaches to creating effective relationships between students and teachers (Dwairy, 2005). Positive behaviour supports have demonstrated a strong empirical basis for creating school-wide approaches to positive learning environments (Kennedy et al., 2001; Lechtenberger et al., 2008) which has a peripheral relationship to adopting a therapeutic role.

However, there appears to be a limited understanding on the topic of teachers, if, and how, teachers envision, accept, and implement a therapeutic role: certainly, there is a paucity of research examining the implementation and success of such practices (Margalit, 2001). Various definitions and models of both teachers and therapists are presented often as sharing role characteristics. When examining how therapeutic interventions can be carried out in the school environment, typically the role of teachers has included responsibilities that could have been attributed historically to therapists. This role revision may be, for some teachers and interventions, inadvertent, but deliberate for others. Various models of therapeutic teaching exist as well as a range of specific programs with a therapeutic emphasis. Suggested programs are generally applicable to

all teachers in typical classroom settings but may be intended or appropriate for special education teachers in special education settings where a low student teacher ratio is present. Varied alternative approaches to therapy in schools also exist, with a range of teacher engagement. Such approaches can include external clinicians providing services within the school environment, therapists within schools working with students and teachers, or teachers applying specific therapeutic programs within classrooms. One commonality among such a range of perspectives is an emphasis on the necessity for professionals to work collaboratively to meet the therapeutic needs of students in their care successfully. Amongst these varied approaches, it remains clear students seem to be receiving some type of therapeutic support when in need, either by therapists, or by teachers in their classrooms and schools.

This research investigates how teachers perceive their role in the application of therapeutic qualities by exploring whether they are using a therapist approach to instruction; whether they believe they are adopting a therapeutic role in the classroom; their beliefs about student-teacher relationships in the school context; their interventions in personal social, emotional, and behavioural issues; and their instruction of social, emotional, and behaviour skills. In Chapter Three, the method used in this study to ascertain a detailed understand of participants' understanding and acceptance of the therapeutic role they may be undertaking is provided.

CHAPTER THREE: METHODOLOGY

As indicated in Chapters One and Two, it appears that many models of therapeutic teaching exist and that teachers may utilize such approaches in their professional practice (Hayes, 1995; Morse, 1992; Soltis & Fenstermacher, 1992). Literature related to teachers adopting therapeutic roles supports the notion that therapeutic roles exist within teaching practice; however, it is not clear if such a role is considered carefully, is implemented deliberately, or is practiced inadvertently, and what teachers' beliefs are about this role. Clarity needs to be brought to the inquiry of how these roles are embodied in the day-to-day instruction by professional teachers. These inquiries are responded to with the central research questions focusing on whether teachers are using a therapist approach to instruction, if they believe they are adopting a therapeutic role in the classroom, what they believe about student-teacher relationships in the school context, how they intervene in personal social, emotional, and behavioural issues, and how they instruct social, emotional, and behaviour skills.

A description of the research context and population, a description of the data collection including the major interview and case study components of this research, and an overview of analysis procedures are discussed in this chapter.

Research Context

This research was guided by a constructivist paradigm intended to investigate and interpret a complex, socially constructed reality, with the assumption that such social realities have been developed by participants (Glesne, 2006). A constructivist paradigm was essential, based on the nature of the topic of the therapist approach to teaching and its personally constructed instruction and individual learning in three areas of emphasis:

the importance of the teacher-student relationship; a focus on personal development of social, emotional, and behavioural skills; and the direct instruction of social, emotional, and behavioural skills.

A multiple methods approach was used, defined by Mertens and McLaughlin (2004) as research with one worldview but with more than one method. Similarly, Tashakkori and Teddlie (2003) categorized multiple methods research into subtypes, one of which is described as multimethods research and defined as using multiple procedures for data collection within a single tradition. Overall, this study can be understood as a multimethods qualitative study, most appropriate for this research in its flexibility to allow a variety of analytic procedures. Its multistep design includes the major components of interviews and a case study, and is further described below.

Recruitment

Participants for this study were solicited across the province of Newfoundland and Labrador. The population of this study was determined by both community and by program: the community of teachers in Newfoundland and Labrador, who were working under provincial educational policy, as well as the implementation of a unique interagency special education framework (Government of Newfoundland and Labrador, 1998, 2007; Mertens & McLaughlin, 2004). Consideration was given to the selection of Newfoundland and Labrador for this research due to its relative geographical convenience for face-to-face interviewing by the author. In addition, both its interagency policy and practice related to student support services, and its rural nature may have contributed to a vigorous representation of blurring between the teacher and therapist roles. For example, proximity to services and mandated interagency planning and support

could potentially underpin teachers adopting more vigorous therapeutic roles. To meet the needs of children and youth, the Newfoundland and Labrador government developed and implemented a model of special education services which is described as reflective of global influences such as an interagency approach, inclusive language, and the legislated safeguarding of services (Philpott, 2003), and as corresponding with current trends in special education philosophy and practice, such as equal opportunity, collaborative decision-making, and inclusion (Philpott, 2002).

In Newfoundland and Labrador, a fundamental commitment outlined by the Department of Education is “to foster intellectual, moral, social, emotional, and physical development” (Government of Newfoundland and Labrador, 2004d, p. 4). Its formal mission statement emphasizes personal growth and value development (Government of Newfoundland and Labrador, 2006), and the “development of the person” (p. 4) is part of the provincial philosophy and mandate. Conversely, a corresponding focus beyond “promoting goals and standards applicable to the provision of education” (Tucker, 1997, p. 19) does not exist in the instructional role of the teacher, which emphasizes only other duties that include general instruction, evaluation, reporting, and discipline (Tucker).

Volunteer samples--such as those used in this study--are typically in educational research, according to Mertens and McLaughlin (2004), because of varied ethical reasons, legal issues, and practical concerns. In accordance with these concerns, a volunteer sample of participants for this research was solicited through both public advertisement in the provincial professional field and by word of mouth, following ethical clearance from the Research Ethics Board at Brock University (see Appendix B).

Brief advertisements requesting volunteers were placed in the provincial teacher magazine, *The Bulletin*, and the provincial teacher website, *The Virtual Teacher Centre*, and through the *Council for Support Services* email distribution list. Public advertisements were distributed also through the Faculty of Education at Memorial University.

Data Collection and Analysis

Data collection and analysis in this study consisted of two major steps. First, interviews comprised of both open and closed-end questions, including scenarios were utilized. Second, case studies, encompassing both conversations and written narratives, were implemented. Collected data also included a review of related supporting curriculum documents.

Step 1: Interviews

Survey-type interviews are considered a major type of data collection and a commonly used educational research design (Isaac & Michael, 1997; Johnson & Turner, 2003). They are described as a systematic attempt to discover descriptive information, and can set the baseline for further research. Their goal is to “describe what exists, in what amount, and in what context” (Isaac & Michael, p. 136) and provide this information in a numerical format. Isaac and Michael stipulated that the term “survey studies” is used often to encompass broadly all of these designs, with the exception of historical or experimental research designs. Rienharz (1992) differentiated survey research and interview-based research as the latter including opportunities for discussion and clarification. The research interview was refined through the use of a pilot study, briefly described below.

Pilot study. A pilot study was carried out prior to the commencement of this research, initiated with a volunteer sample of 5 pilot study participants from a single school within a solitary board within Newfoundland and Labrador. Pilot study participants took part in a structured interview conducted by the author either personally or by phone, depending on the comfort and convenience of each. Similar to the subsequent research project, interviews were transcribed and coded. Pilot study participants were posed a total of 22 questions, open- and closed-ended. The interviews opened with demographics-based inquiries, requesting the role, experience, certification, and related training of all pilot study participants. Subsequent questions focused on issues related to teachers as therapists, which delved further into participants' background and education, incidents where a therapist role had been adopted, definitions of therapeutic teaching, and role considerations. Pilot study participants were questioned about their classroom practices, providing instruction in nonacademic programs, reviewing curricular goals, and considering responsibilities for the personal growth of their students. Pilot study participants were asked to share their experiences and opinions regarding professional collaboration, including its necessity, and their beliefs about role responsibility and interagency collaboration to meet the needs of students. Interviews concluded with a single scenario centered on a proposed aggressive incident which provided rich data within the scope of this pilot study.

As a result of participants' responses, changes were made to the interview script in order to bring further clarity for participants in the subsequent study. Following the completion of the pilot study, the interview script was revised and refined to encompass emergent definitions of teacher and therapist, student-teacher relationships, and

instructional approaches related specifically to social skills and emotional awareness. The revised interview script was supplemented with further scenarios. Scenarios in the pilot study were provided with additional direction and focused by requesting interview participants to adopt the perspective of a mentor role. Last, the script was revised to include interest in further case study participation.

Revised interview. The initial interview-based survey portion of this study, comprised of open- and closed-ended questions, was characterized as an example of descriptive research which provides a factual, accurate, systematic depiction. For the purposes of this research, a descriptive survey was used to provide a snapshot of a group of teacher participants to discover information about “the distribution of characteristics, attitudes, or beliefs” (Marshall & Rossman, 1999, p. 129) related to the topic. Its focus was on open-ended questioning within an interview-based style that, according to the perspective presented by Mertens and McLaughlin (2004), fits in with the interpretive and constructivist paradigms and corresponds with the holistic perspective of this study as a multimethods study with a constructivist worldview. In addition, such interviews are better suited to discovering details, allowing less constrained responses, and permitting both discussion and clarification (Mertens & McLaughlin). Patton (1990) would categorize script this as an example of a standardized open-ended interview, where open-ended questions emerging as qualitative response data are a focus, within a consistent wording and questioning sequence.

Interview data collection. Due to constraints of time, money, and distance, and considering the geographical size, low population density, and diversity of Newfoundland and Labrador as well as its prohibitive winter weather, a flexible approach to data

collection was utilized. This approach included a combination of phone and personal interviews, considered to be a practical and advantageous alternative to face-to-face interviews (Isaac & Michael, 1997, Johnson & Turner, 2003; Kemper, Stringfield, & Teddlie, 2003). Personal interviews were planned where distance, weather, and participant preference permitted such contact. Twenty interviews were completed and audiotaped using this combination of approaches, 13 face-to-face, and 7 by phone. A preset interview script of questions and scenarios (see Appendix C) followed a standardized, structured, largely open-ended question format. This format was used to explore responses respecting the point of view of the participants and having accepted the assumption that self-reporting would be accurate (Marshall & Rossman, 1999).

Interview participant demographics. Twenty interview participants volunteered from the community of teachers in the province of Newfoundland and Labrador. This sample, although publicly solicited provincially, became bound by the geographic area of the island of Newfoundland. No volunteer participants came forward from the geographical boundaries of Labrador. Fifteen volunteers emerged from a first school district, 3 from a second, and the remaining from the last provincial school district. Beyond simple school district boundaries, more detailed demographics of interview participants are reported in Table 1. Special education teachers in this study may have been assigned to various roles or a combination of roles. These have included itinerant teachers who have had responsibility for more than one school setting, guidance counsellors, noncategorical special education teachers who have been assigned to instruct any students with special educational needs, and categorical special education teachers. Categorical special education teachers have been assigned to support students deemed to

Table 1

Interview Participant Demographics by Role

	Number of participants (<i>N</i> = 20)	Percent of interview participants
General education	4	20
Special education	16	80

	Number of participants (<i>N</i> = 20)	Percent of interview participants
Primary only	3	15
Elementary only	2	10
Junior high only	1	5
All grades	6	30
Primary/elementary	1	5
Primary/elementary/junior high	4	20
Elementary/junior high	1	5
Junior high/senior high	2	10

(table continues)

	Number of special education interview participants (<i>N</i> = 16)	Percent of special education interview participants
Itinerant special education	3	19
Guidance special education	1	6
Categorical special education	3	19
Noncategorical special education	5	31
Categorical & noncategorical special education	4	25

have severe needs whose funding is approved through a complex written submission to the Department of Education. Table 1 further categorized interview participants by role and grade level responsibility.

Four case study participants with a wide range of roles and responsibilities also participated in this research following their participation in initial interviews. Their roles and grade level responsibilities are outlined in Table 2. Overall, the profile of the typical volunteer interview participant in this table has been described as a special education teacher within a school district geographical area with responsibility for the instruction of students considered to have noncategorical special educational needs across all grade levels.

Prior to the commencement of each interview, permission was obtained by the researcher through a letter of consent or verbal consent captured on audiotape. The prepared interview script briefly centred on closed-ended demographic background information such as requesting information about the academic background of participants and encompassed what Patton's (1990) typology of interview questions would categorize as a combination of experience and behaviour questions, opinion and value questions, feeling questions, knowledge questions, and sensory questions, all related to the topic of the therapist approach to instruction. Brief notes were taken during personal interviews, as necessary, to emphasize any verbal or nonverbal emotional reactions that were not clear on audiotape (Glesne, 2006). Beyond demographic information, the interview was developed to be reflective of topical literature related to a therapist approach to teaching: the importance of the teacher-student relationship; a focus on social, emotional, and behavioural development; and the direct instruction of social,

Table 2

Case Study Participant Demographics by Role

	Number of case study participants (<i>n</i> = 4)	Percent of case study participants
General education	2	50
Special education	2	50
	Number of case study participants (<i>n</i> = 4)	Percent of case study participants
Primary only	1	25
Junior high only	1	25
Primary/elementary/junior high	1	25
Junior high/senior high	1	25
	Number of special education case study participants (<i>n</i> = 2)	Percent of special education case study participants
Categorical special education	1	50
Categorical & noncategorical special education	1	50

emotional, and behavioural skills. The interview guide first focused on questions related to teachers as therapists, including beliefs in the past practice of a therapist role, with the provision of examples. Examples and prompts were integrated into minimal questions, such as providing examples of personal issues that teachers may have encountered. Further prompting was provided as necessary to elicit continued detail surrounding experiences, such as requesting how referrals were implemented. Interview participants were asked for their definitions of the roles of teacher and therapist and whether they believed they have taken on a role of a therapist. Interview participants were then provided with a definition of each and asked a similar question based on these definitions. Relationship-based questions within an instructional approach were a further focus, where interview participants were questioned about the importance of content-based instruction contrasted with social, emotional, and behavioural growth, and responded to inquiries related to daily intervention with social, emotional, and behavioural issues. One example was requesting a time that their relationship was extremely important to a child. The direct instruction of social, emotional, and behavioural skills was a third focus, where interview participants were asked about this instruction related to the role of teachers, schools, curriculum, and their personal approach to such instruction. Questions briefly returned to demographic questions related to educational background. Finally, interview participants were asked if they would consider further case study participation examining their instructional approach to the social, emotional, and behavioural needs of the students in their classrooms.

Interview data analysis. Data preparation of both initial interviews and case study conversations encompassed four primary steps prior to complex analysis. First,

audiotaped data were transcribed to a word processing program. Second, transcribed data were checked and revised to ensure a duplication of audiotaped data. Third, extraneous text was edited, and fourth, meaningful text of immediate interest was noted informally in an electronic journal to help develop an inductive framework for data reporting (Seidman, 1991).

Data were collected and categorized simultaneously with interviews in constant comparison with emerging categories or themes to form a substantive-level theory, “written by the researchers close to a specific problem or population of people” (Creswell, 1998, pp. 57-58). Issues and practices of teachers carrying out a therapist approach to instruction were related to current provincial educational policy in order to examine emerging commonalities or typologies (Glesne, 2006; Morstet, 2004) and produce conclusions and recommendations (Marshall & Rossman, 1999). Creswell (2007) suggested that interview data, once collected, should be reduced, or categorized into units of information. These units represent events, happenings, or instances that were guided by the data themselves, providing what Glesne referred to as text organization (Mertens & McLaughlin, 2004; Strauss & Corbin, 1990). For this study, interview data were reproduced and sequentially organized, coded, and sorted using *Ethnograph 5* software (Qualis Research Associates, 1998; Seidel, 2001; see Appendix D for a description of this software) as a tool to facilitate data analysis and an overall understanding of the therapist approach to instruction (Hutchinson, 1988). *Ethnograph 5* was developed with the intention to assist researchers to “compile, organize, and manipulate ... data that you find interesting” (Seidel, p. 3). Bieger and Gerlach (1996) stated that:

In some descriptive studies there may be no need for statistical analysis of the data collected. It may be sufficient merely to present the number or percentage of people who answered a question in a certain way, or who behaved in a particular manner. (p. 117)

Glesne (2006) suggested creating taxonomies to display data, which have can used to organize and display emerging themes, as well as simple frequency counts and distributions. Categorization, then, was used to sort relevant information to provide an overall taxonomy of this research topic, as displayed in Appendix E. The taxonomy in Appendix E was developed with technological support from Ethnograph 5 software (Seidel, 2001). Frequency counts, using Ethnograph 5's "counts of coded segments" (Seidel, p. 176) and its capacity in "count[ing] segments, display[ing] segment size, and calculate[ing] cumulative size of the segments" (p. 177) were used to determine frequent and uncommon perceptions and practices. The typology was presented as a visual illustration or a data display, where gathered and organized data are further reduced into a structured arrangement, in this case, representative of the theory and practice of the therapist approach to instruction, appropriate for both display and sharing (Onwuegbuzie & Teddlie, 2003). Such visual representation of data is considered a typical feature in qualitative research that can be employed throughout the research project with multiple purposes, including theory development and data presentation (Glesne).

The frequencies of participants or examples are reported in the text of Chapter Four, as well as by displaying cumulative number of lines in text segments, to provide both a frequency count and a measure of length of given responses, in addition to the

direct voices of interview and case study participants. Appendix D summarizes the discrete steps used within Ethnograph 5 for data analysis in this research.

Interview scenarios. Interview scenarios were treated as a distinct unit of data in order to enhance findings of the initial interview. Following the initial interview questions, teachers were provided with five different scenarios related to each of these five groups of students. Participants were then asked to provide advice to a potential colleague who may encounter social, emotional, or behavioural issues with students, with various descriptions, and to share their experiences in similar situations where students may have benefited from a therapist approach to instruction. The specific script used has been provided in full detail in Appendix C.

Step 2: Case Studies

The second step in this data collection was continued inquiry through a case study approach, supplementing gathered interview data.

Case study conversations data collection and analysis. According to Creswell's guidelines (2007), the approach employed in this research can be described as an instrumental case study, which investigates an issue exemplified by the case. Finding meaning, according to Glesne (2006), is one area into which qualitative research has been categorized. The case study component of this research had dual complementary goals. One goal was to obtain a continued investigation into the stated research question and to provide a further detailed, rich investigation with substantial engagement (Creswell). A second goal was that of providing a source for consistency of comparison between the interview and case study components of this research (Mertens & McLaughlin, 2004). Case study conversations were sorted and coded using an Ethnograph 5 code book

parallel to that used in the interview component of this research, and identifiers were used to sort discussions into identified categories that mirrored those in the case study scenarios posed to interview participants. Within these identifier categories, case study conversation responses were coded and compared to the potential best practices found in case study scenarios. Purposive sampling was employed to select 4 case study participants from 15 willing interview participants who volunteered for further participation in this research as part of their participation in the interview phase of this study. Maximum variation sampling was used to select a range of case study participants in varying professional roles, reflecting the importance of diversity within qualitative research (Mertens & McLaughlin, 2004). Maximum variation sampling was possible within one board, given the geographical profiles of willing interview participants available for further case study. Case study participants, then, were selected from a subgroup of participants working within a single school board, in a maximum range of roles and grade level responsibilities. Such strategic sampling was intended to provide the maximum information and illumination of the topic under study (Kemper et al., 2003).

The unstructured, bimonthly conversations encompassing case study conversations took place over a period up to three to four months (see Appendix F for complete explanation of research schedules). Glesne depicted the interview process as “getting words to fly” (1999, p. 67). To obtain both an in-depth and long-term approach, the case study focused on the primary data gathering instrument as the researcher, adopting the role of researcher-as-instrument and learner (Glesne; LeCompte & Preissle, 1993). Table 3 indicates the initiation and closure months for each case study participant, as well as contact type.

Table 3

Case Study Conversations Contacts

Case study participant	Length of involvement (2005)	Number of conversations per participant	Face-to-face versus phone contact
1: Junior / senior high; general education	May-Dec.	7	2:5
2: Primary / elementary / junior high; special education	May-Dec.	6	6:0
3: Junior high; special education	June-Dec.	6	1:5
4: Primary; general education	May	1	1:0

Case study data in this step were similarly audiotaped and transcribed. These minimally structured conversations focused on two components of the therapeutic approach: the realities and reflections of teacher-student relationships as well as incidental social emotional issues and case study participant interventions (Mertens & McLaughlin, 2004). As such, the question format for interviews followed what Spradley (1979) describes as grand tour questions, where case study participants reconstruct important experiences. For this research, the grand tour question focused on describing significant social, emotional, or behavioural events within a biweekly time period (Spradley). Typical questions requested case study participants to review the past weeks of school, sharing any social, emotional, or behaviour issues that arose in their classroom and how these issues were resolved. According to Seidman (1991), minitour questions focus on a shorter time period or a specific case study participant experience rather than the more general overview requested in a grand tour question. The minitour questions were intended as probes for further information on experiences of particular interest that are shared during case study conversations, to describe an event in detail as well as to request subjective reactions to experiences. A typical question included the request to reconstruct experiences in detail. Refer to Appendix G for the full text of questions.

Case study written narratives data collection and analysis. In addition to case study conversations, case study participants were asked to complete regular written reflections, as described fully in Appendix H. Case study participants were given the option to either retain a written, dated narrative of day-to-day classroom events that focused on direct instruction of social, emotional, and behavioural skills or to correspond by electronic mail as a form of written documentation. All case study participants chose

the latter. An email format that retains messages in a conversational style was employed, following the “casual conversation” style suggested by Mertens and McLaughlin (2004) as a possibility for qualitative data collection. Johnson and Turner (2003) refer to this style as a pure approach to qualitative research that focuses on spontaneity. The latter approach allowed for a more genuine conversation, with reciprocal interaction between the case study participants and researcher, as well as ease of searching for archival conversational material.

Case study participants were asked to focus their written narratives on the areas detailed in Appendix H. This aligns with the third area of a therapeutic approach to instruction, including the objectives of direct instruction of social, emotional, and behavioural skills, how this instruction aligns with curriculum, and the characteristics of students needing such instruction. Table 4 summarizes the frequency of emailed case study written narratives.

Trustworthiness

Trustworthiness has been demonstrated using a range of techniques following Creswell’s (2007) verification procedures for qualitative research. First, an extended period of engagement time was spent with case study participants in the case study segment of data collection. Second, researcher bias was clarified as this author having a range of preexisting relationships with participants (e.g., friendships, collegial relationships), as well as this author’s professional background experience (e.g., classroom instruction, special education teacher, school guidance counselling). Third, member checking through the provision of both transcripts and draft reports for participant feedback was completed. Fourth, a rich, thick written narrative describing

Table 4

Case Study Written Narrative Submissions

Case study participant	Length of involvement (2005)	Number of written narratives for each case study participant
1	May-December	2
2	May-December	5
3	June-December	2
4	May	1

qualitatively based information and its analysis provides trustworthiness. Last, triangulation increased the trustworthiness of this study, as described below.

Triangulation

As part of a multimethods approach, data from the case study were analyzed and compared with the initial interview scenario responses in order to find examples to corroborate, disconfirm, and enhance data collection (Johnson & Turner, 2003; Mertens & McLaughlin, 2004). In this way, breadth of the interviews was complemented by the depth of the case study component (Johnson & Turner), working towards providing a “rich, textured, triangulated description” (Kemper et al., 2003, p. 275). Triangulation has been defined as “checking information that has been collected from different sources or methods for consistency” (Mertens & McLaughlin, p. 106). Triangulation was provided through a comparison of two steps of research, through the use of supporting written narratives, as detailed above, and the examination of provincial documents. A last method of providing triangulation is through the gathering and examination of secondary data. In this case, the secondary data were artefacts or official documents (Johnson & Turner), a method of data collection which can also be a main method of qualitative data collection (Mertens & McLaughlin). The official documents for the purpose of this research were the current kindergarten to grade 12 curriculum guides provided by the Newfoundland and Labrador Department of Education as well as related provincial policy documents. Specific curriculum objectives for courses related to participant interviews, scenarios, case study conversations, and narratives were obtained and coded dichotomously as either subject-specific content knowledge objectives or those related to the social and emotional growth as defined in this study. Such review was intended as a

brief supplement to interview findings. Frequency counts of such objectives by primary, elementary, intermediate, and senior high divisions were run using Ethnograph 5.

Frequency counts by subject area were also examined, and percentages were calculated for each of these areas, first, to see if teachers were correct in suggesting these areas; and second, to examine any emerging trends in divisions or subject area. See Appendix I for specific courses coded in the areas of art, health, social studies, computer technology, math, and language.

Summary

This descriptive, multimethods qualitative research was comprised of two major steps, an initial interview and a follow-up case study. First, 20 volunteer interview participants from three school districts within mainland Newfoundland and Labrador were obtained through public advertisement. In person or by phone, these participants completed an open-ended standardized interview comprised of 26 main questions. Following the initial interview segment, all 20 interview participants were provided with five scenarios focusing on a range of student needs. Participants were asked to take on the perspective of a mentor teacher providing advice to a novice educator, and reflected on their real-life experiences in similar situations. Second, 4 volunteer participants were selected for further case study involvement by purposive sampling to ensure maximum variation in role. Case study participants completed biweekly case study conversations over three to four months. Case study conversations focused on classroom-based issues through the use of grand tour and minitour questions. In addition to biweekly conversations, case study participants were asked to complete a written narrative of day-

to-day classroom events that focused on direct instruction of social, emotional, and behavioural skills.

Data were audiotaped, transcribed, organized, coded, and sorted with support from Ethnograph 5 software. Emerging themes within interview questions were discovered, and areas of emphasis were noted using simple frequency counts. The results of the data collected using the methodology provided in this chapter are presented thematically in Chapter Four. Initial data within each theme were related to responses from interview participants, supplemented with detailed support and examples from case study participants in the context of case study conversations and case study written narratives.

CHAPTER FOUR: RESULTS

The major purpose of this study was to discover if teachers have been adopting roles as therapists. Five primary research questions were addressed: Are teachers using a therapist approach to instruction? Do teachers believe they are adopting a therapeutic role in the classroom? What do teachers believe about the student-teacher relationships? How do teachers intervene in personal social, emotional, and behavioural issues? How do teachers instruct social, emotional, and behaviour skills? The responses below represent major themes from these primary research questions as they have emerged through the collection and analysis of responses to interview questions including supporting or disconfirming information from interview scenarios, case study conversations, case study narratives, and document analysis.

One prominent theme found in this research data is the provision of front-line supports for personal issues centred on conversation with students, or “talking and listening.” Here, details of the provision of both supports and referrals for social, emotional, and behavioural issues are presented. The prominent discussion of the role of teachers is subsequently explained as the theme “being and acting as teachers,” where the varying roles and processes of professional teachers are illustrated in contrast to those of therapists. Following role discussions, the theme of “building bridges to therapy” is presented, where participants explain in more depth how they adopt a therapeutic role. A further important theme was “building relationship foundations,” where teachers emphasized the importance of developing student-teacher relationships as a necessary precursor to the provision of personal supports. In the area of “keeping doors open,” participants have shared moments of importance in their student-teacher relationships as

well as how these relationships develop over time. The examination of skill building interventions for social, emotional, and behavioural needs is presented in “social, emotional, and behavioural issues” including cautions and concerns when supporting students with prominent behavioural needs and links with curricular documents.

Talking and Listening

In order to obtain a sense of the issues that potentially impact teachers in the school environment where teachers may employ a therapeutic approach to students, and the response to such issues, interview participants were asked about their experience with students’ personal problems. Questioning included reports of supports given and referrals provided. Through analysis of participants’ responses related to interventions in personal issues, the area of conversation support or “talking and listening” emerged as a prominent theme, fulfilling a positive response to the primary research question which addressed whether teachers are using a therapist approach to instruction.

Personal Issues

Interview responses demonstrated that participants have offered support for personal issues, implicit in the therapist approach to instruction. A majority of interview participants shared situations where students revealed personal issues, and provided specific examples within their professional practice. Such examples included those within the provided prompts--parental problems, pregnancy, suicidal thoughts--and also consisted of abuse, death, and sexual issues. Suicidal-related concern appeared most commonly within this group (43%), followed by parental-related issues (29%):

I had one, actually when I was teaching grade 6, that had ... many, many parental problems. There were many issues there ... for whatever reason I kind of

got him on my side, and school became his safe haven. Home was a nightmare, and school was his place where he could be. (Interview Participant 19)

Abuse in general, sexuality, pregnancy, and death were each mentioned by a sole interview participant.

Supporting

When questioned about related provision of supports and referrals, all interview participants who offered interventions in personal issues also provided details indicating a range of support provision. When participants offered support, a range of diverging support provisions were indicated within these 27 examples, most commonly, listening and talking (18%) with students. One participant shared an example:

After a while, after they realized that, yes, [participant's name] really does care.

And ... they used to stay after school and linger around, and then they'd tell me, they'd open up little by little, but it wouldn't happen in one day ... I think [for] this one young girl it happened over a couple of weeks. She would stay after school and, "You need any help?" And I'd say, yes, and as we were talking she'd tell I wouldn't pry ... I just let her open up. (Interview Participant 7)

Talking and listening to personal issues signalled an intervention-based approach--albeit an informal, school-based approach, differentiated from a structured clinical response (Russell, 1997). Such an approach would align more with Dwairy's (2005) proposed conversationally-based framework for verbal interventions with children than the application of a more formal model (Nichols, 1998; Vernon, 1996). Further supports which interview participants provided included sharing of professional knowledge, proactive prevention of problems, using electronic or phone communication,

formally evaluating issues, calling parents, and attempting an open-door approach.

However, participants often took a further step beyond personal support by accompanying students to a referral source (15%) or assisting in problem solving (15%):

They may come to you regarding career choices, or ... how they're going to deal with going home with this mark, and the mark is not great and the parents would be upset, and how do you go about doing that ... how can you approach this with your parents or whatnot? Those types of situations. Usually ... we'll sit and chat about it, and we'll come to some understanding of the ... of solutions, problem solving, some possible scenarios that they could do. And then I will recommend, I'll say, "Well, you know, we do have a counsellor." But at the schools I'm usually at, we don't have a full-time counsellor, so if the counsellor is not available, then ... I'll either say, "Well would you like for me to call your parents and we can talk about it, are you satisfied with these three or four choices? What are you going to do? How would you go about it? What do you see happening?" ... So, we work through issues, but if there is a counsellor available, and I believe that ... the counsellor would be able to act in the child[ren]'s best interest[s], well I certainly will refer them on. (Interview Participant 1)

Teachers Requesting Further Support for Students

Offers of further support to students in the form of further referrals by teachers--including physical accompaniment to a referral source--also arose: "Would you like me to ... go with you to the guidance counsellor to initiate this conversation, and I'll leave the room so that you can continue to have the conversation, or do you want me to mention it ... so that you can approach it later?" (Interview Participant 20). Almost all

participants in this study reported that support provision included a referral for shared personal issues in addition to providing support. Thirteen out of 14 interview participants who have been involved with personal issues (93%) state the provision of further referrals to professionals beyond themselves.

Two interview participants, however, reflected on difficulties with their attempts to guide students to further assistance. For a single participant, this occurred due to the obvious choice of this particular teacher as a confidante and the student's following unwillingness to discuss the topic with another, "No, [it was] off limits to everybody else" (Interview Participant 19). Another discussed referral challenges: "A lot of these are young females and they're dealing with issues, birth control, and things like that. And our guidance counsellor is male. So they're not very comfortable in going to him. And ... he's a new staff member, so the kids haven't established a rapport with him yet" (Interview Participant 4). As a group, these 14 participants who have referred used six different sources, overall giving 23 examples of varied professional referrals.

These referrals have been provided customarily to the school-based guidance counsellor: less often, to school administration. Referrals to social workers, police services, educational psychology, emergency medical services, public health, and speech-language pathology also transpired. Table 5 summarizes such referrals. As Schiff (1990) emphasizes, supports beyond individual or even school-based mandate may be necessary, dependent on involved roles and levels of expertise. Such referrals in this research have been executed in various manners, including those most frequently mentioned formal referrals following preset processes (27%), such as Interview Participant 17's description, "I'll do a write-up ... and say ... 'There are my observations.'" Referrals have also

Table 5

Examples of Professional Referrals

	Number of examples (<i>N</i> = 23)	Percent of total examples*
School guidance counsellor	9	39
School administration	4	17
Child protection	2	9
Police services	2	9
Social work	2	9
Emergency medical services	1	4
Educational psychology	1	4
Public health	1	4
Speech language pathology	1	4

**percentages do not add to 100 due to round off error*

included provision of follow-up, encouraging students to seek supplementary assistance through team-based venues, and via requests for advice from others or through “key” (Interview Participant 10) knowledge of professional systems.

Comfort and Obligation

Interview participants presented multiple rationales for referring students beyond support that is individually provided within the context of a teaching role. Thirteen such participants asserted 17 different examples of reasons for referral in five areas, most commonly, because of either an obligation to refer or for reasons of personal comfort (29%). When interview participants provided an obligation rationale, some also gave examples of factual obligations, whereas others simply perceived an obligation to refer without having a formal framework. Interview Participant 4, for instance, shared that:

I pretty much try to stick by the book I’m an untenured teacher I’m walking a fine line when I do any communicating with a child. But I think it’s important for me to have that door open, and that confidence, etc. ... but there are things that I run by my administration on a regular basis, and get their support, and where I should go from there.

In other cases, referral reasoning came from a real or perceived obligation: “If you feel that the child is in a situation that’s not beneficial to the child, or some type of a threat to the child, [teachers] have to legally disclose any information that [students] may tell you to the proper officials” (Interview Participant 1). Alternatively, when participants provided a rationale of personal comfort, this comfort level is consistently based on self-

judgments of individual ability. One participant clarified her self-analysis this way: “I do what I can for the immediate and certainly ... [but I try] not try to deal with the things [for which] I’m not qualified or capable” (Interview Participant 10). Less frequently recalled reasons included an understanding of role boundaries, students’ well-being, or simply due to a personal sense of intuition: “It was maternal instinct, and gut instinct, and this child needs help right now. And sometimes you put all the legalities and processes out the window. You just do what you feel is right” (Interview Participant 3).

Typical Profile Summary: Support and Referrals

Overall, the typical profile of the interview participants’ support for reported personal issues of students was primarily within conversational skills: listening and talking. Such interactions were most often student initiated and often suicide related. They often supplement such support with formal referrals, typically to school-based guidance counsellors, for reasons of either comfort or obligation.

Being a Teacher; Acting as a Teacher

In order to obtain interview participants’ perceptions of what issues fall within their formal instructional role in Newfoundland and Labrador in relation to the primary research question addressing if participants believe they are adopting a therapeutic role in the classroom, participants first generated personal meanings of the teacher role from the open-ended inquiry requesting a definition of “teacher.” Variant themes emerged during the process of analysis, most significantly: personal characteristics or “being” a teacher; and external processing of the role or “acting” like a teacher. This framework is similar to Açıkgöz’s (2005) model separating teacher characteristics into professional, pedagogical, and personal. “Being” a teacher is comprised of both personal characteristics and role

comparisons, expressed succinctly by Interview Participant 2 as, “It’s not how I do it; it’s how I am, who I am.” “Doing” is comprised of a wider range of smaller subthemes, including two areas: the breadth of instruction and the processes that encompasses instruction.

Variant Roles

Ten variant roles were expressed as part of the process of defining “teacher,” depicted in Table 6. Most commonly expressed within participants’ 19 examples was the role of parent (32%); second, that of therapist (21%). Essential personal characteristics were rarely mentioned area as inherent to their role. One participant each (5%) perceived the following as personal characteristics necessary to the role of teacher: being sympathetic, compassionate, knowledgeable, creative, and having belief in their students. One participant described her many roles: “I think a teacher is a combination of everything: you’re a parent, you’re a lawyer, you’re a doctor, you’re a policeman, but first and foremost, you’re an educator” (Interview Participant 4).

Process: Acting as a teacher

Certified professional “teachers” described by a set of responsibilities, processes, or actions have been typical in formal professional role descriptions (British Columbia College of Teachers, 2003; Ontario College of Teachers, 2007; Tucker, 1997), perhaps because of its ease of quantification when compared with personal characteristics. Variant definitions of teacher, however, were plentiful within these common characteristics and may have referenced professional or ethical standards that include personal characteristics focused on commitment to the growth of the whole child

Table 6

Variant Role Descriptions of Teachers

Role	Total number of examples per overarching category (<i>n</i> = 19)	Maximum lines of text within discrete descriptor
Parent	6	27
Therapist	4	21
Other (ex. nurse, coach, doctor, lawyer, police officer, spiritual advisor, student or taxi driver)	9	7

(British Columbia Teachers' Federation, 2003; Ontario College of Teachers). Interview participants in this study expressed two common areas as part of their personal understandings of the role of a teacher: various processes involved in a teaching role and the breadth of these actions. The strongest role understanding was that of an academic instructional role emphasized by all 20 interview participants, "whose primary goal is to instruct students in ... curriculum that's set down by the government" (Interview Participant 3). Some interview participants also asserted the role of a teacher in instructing in the social realm and the emotional realm; for example:

I believe it is more important than strictly academic learning, because ... they need to know what's appropriate socially, and they have to be ... content or [in] a happy emotional state in order for learning to occur anyway ... I see that as *more* important than the academic learning. (Interview Participant 1)

Typical Profile Summary: Teachers

According to the strongest themes in interview participants' responses, a teacher is defined both externally and internally by actions and characteristics. Externally, a teacher has a predominantly academic instructional role, as well as responsibilities within social and emotional domains, and is responsible for many tasks that fall within the primary duties of other roles, predominantly those of parent and therapist. One definition is shared as:

It's a person who is responsible to ensure that children ... meet their fullest potential ... within a school situation, both educationally, socially; basically to meet the outcomes of lifelong learningyou're responsible for the curriculum,

but you're responsible for more than curriculum [be]cause it's the total development of a child. (Interview Participant 1)

Therapists

For purposes of comparison, themes related to the role description of a therapist have been subdivided into commonly emerging themes similar to that of the role description of a teacher: external actions and internal characteristics. Participants' responses to the definition of therapist, not surprisingly, focused on external actions, such as, "To a certain degree the role changes as they go ... [in] younger grades there's probably more nurturing you're helping your children. A lot of kids at that age need probably a little more care to make it through the school year. And by that I mean it could be just someone to talk to, someone to vent a little bit, someone that shows a little bit of affection" (Interview Participant 8).

External: Therapists Help and Problem-Solve

The role of a therapist has been often described as an active one, comprised of external actions that help to delineate the professional role. Interview participants focused on two strong themes within external actions: helping and problem-solving, "A therapist is a person who guides you through life's problems and illnesses" (Interview Participant 10). A range of less commonly indicated external actions were mentioned, including: to facilitate, give advice, nurture, talk, and guide. Table 7 provides a comprehensive view of external actions of therapists carried out by interview

Table 7

External Actions of Therapists

Action	Maximum number of examples (<i>N</i> = 20)	Maximum lines of text within discrete descriptor
Help	10	43
Problem-solve	7	30
Other (ex. facilitate, advise, nurture, talk, guide, or comfort)	3	8

participants. Following is a brief summary of the typical profile of interview participants' understanding of a therapist role.

Typical Profile Summary: Therapist

The role of a therapist has been often described as an active one comprised of external actions that help to delineate the professional role. Interview participants focused on two strong themes within external actions: helping and problem-solving.

Building Bridges to Therapy

Building bridges to therapy provides a further detailed explanation of how a therapeutic role is adopted by interview participants. This theme provides a response to the primary research questions addressing the procedures teachers use to intervene in personal social, emotional, and behavioural issues as well as further details on how a therapist role is implemented by interview participants. Teachers firmly believed they are adopting a therapeutic role in the classroom. Ninety-five percent of interview participants answered positively inquiring into their experiences adopting the role of a therapist with their students. This reflected the second most commonly reported role beyond an instructional role--that of a therapist. Nineteen of 20 interview participants also responded positively to adopting this role when provided with predetermined definitions of both teacher and therapist. Interview participant 19 elaborated on a positive response to adopting a therapist role in this way:

The definition of teacher and therapist are... getting to be one and the same. And the sad part is, and when we go through training ... we get all the policies and we get all the things we're supposed to do, like mark in the register and do all these

things. We don't get the training that allows us to know how to relate to the children and deal with these difficulties as they come up ... we deal with children now who ... [come] to school with a lot of baggage might have a learning disability, might have family problems, those who are divorced, those who have been sexually abused, and the teachers are on the front lines, and we're the ones that have to deal with that. And in many cases, we have to be a therapist; we're kind of thrust into the role whether we like it or not.

Such a role has not been accepted unquestionably as a typical teaching role, but rather has been the subject of scrutiny. Such debate begins with a discussion of the role of therapeutic information and skills as exclusive to therapeutic professionals, or as shared knowledge (Peter, 1998) and crests with practical examples.

Frequency

Twelve of 19 interview participants elaborated on their positive responses to adopting the role of a therapist. Within these responses, two categories of frequency descriptors emerged: participants who have assumed this role *constantly*, which is applied when a participant refers to adopting a role of a therapist daily, or as an inseparable role from their teaching position; and others who assumed this role *often*, applied to those who noted adopting the role of therapist regularly or multiple times. An equal number of participants can be described as adopting the role of a therapist constantly and often, which can be seen as oppositional to models of therapeutic support which limit the responsibilities of teachers (Bobebe, 1990). This has been a notable finding indicating that the provision of therapeutic support extends far beyond singular or atypical incidents into a common pattern of student-teacher interactions beyond a solely academic role. Aligned

with Jackson's (1997) view that schools have been inevitably socially intimate environments, a single interview participant in a special education role believed that the proximity in her role has made a difference in her involvement in the therapist role:

You're in the classroom, every day I think your position as a teacher does change, and I think you have to. I think sometimes kids with problems that have some ... little special issues and they kind of need a little bit more emotional support than you would like probably give ... to a person in a regular classroom.

(Interview Participant 9)

A Therapeutic Role Exemplified

Case Study Participant 2 further detailed of she handled a death in the family of a student as an example of her belief in enacting a therapeutic role. Much like other participants who have described areas such as social skills development as transcending the curriculum, she viewed these issues as similarly embedded in daily life that teachers have been forced to manage in the "everyday life of the classroom."

Whether the [children break] down in class and [cry], whether you take them aside, and ... give your condolences, you can't ignore what's happening in children's lives. Social, emotional, behavioural, you can't ignore it ... and those override curriculum, because you're not going to be able to teach curriculum, or children aren't going to be able to ... meet outcomes, unless they deal with these first, because I think these are the things that block children from learning.

Although a guidance referral was already in process in this situation, she continued her involvement. In the interim, she continued to provide an open-door policy and supportive talk and deliberately attempted to stay involved in a caring relationship:

Usually when I encounter children who are in trouble of one kind or another, if I'm not dealing directly with them ... I always try to keep up with them ... 'cause I think they need me ... they need to know that there's someone there, at the school, for them ... "I have concern for you ... I care what happens, and I care that ... you're going [to] get what you need in this school."

She further accentuated the importance of her instructional role beyond subject-specific curriculum to personal growth:

My philosophy is, we're not teaching children math, or, over and above teaching children math, and reading, and writing, more important than that is to teach them ... the values ... the things that you need to get along in life. Dealing with stress, dealing with grief ... I think when you're teaching kids, you're teaching them to be citizens, and you teach them to be healthy, and you're teaching them to be well, physically, mentally, emotionally. I think that's as big a part of the curriculum, because if ... you can't do that, how are kids, who are going through grief and can't deal with it, or have no one to rely on, or no one to talk to, how ... are they even going to get to curriculum?

Such a responsibility level represented what Case Study Participant 2 believed may extend beyond the typical comfort level of many teachers. As well as expressing condolences and offering support, she reported paying careful attention to the student's comfort level, eye contact, initiation of contact, reciprocity, and gathering information about his progression in the grief cycle beyond the school community. She carefully developed a relationship with him, was pleased when that relationship seemed to be effective, and reacted emotionally to his successes. For example, she expressed her joy

when her student excelled in an extracurricular activity. Mimicking a credit card advertisement, she quips, “Math, \$9.99, English, \$12.99. The cost of finding out you’re worth it, and you have something? Priceless.” However, she reflects there is a mismatch between her professional preparation and such interventions:

Of all the things I could spew at you about Freud and Skinner ... none of it is practical experience ... you want to be able to do something, to let that child know you’re there, you’re [going to] be there ... you can be approached ... you can listen to them ... they can cry, it’s okay ... all these things are okay ... no course I’ve ever done has said ... do this, this, and this, now maybe along the guidance area ... they get into that, but I mean, I certainly didn’t get it in my course. (Case Study Participant 2)

Case Study Participant 2 shared the progression of one role that became increasingly complex due to the sudden onset of aggression in a student. In the case of her involvement in supporting this student, her role encompassed service co-ordination, information sharing, and monitoring. In this case, she was asked by other teachers to assist with repeated incidents: “I guess they just didn’t know what to do with him. And, so we started talking ... I’m trying to get to the root of it, because it’s just not like this child.” Although this student did not fall under her formal responsibilities as a special education teacher, this type of request is something she often fulfills in a manner suggested by proponents of the therapeutic role of teachers (Morse, 1992; Nichols, 1998; Soltis & Fenstermacher, 1992; Sprinthall, 1980). She did not attribute this solely to her special education role, and reflected that other special education staff have had a tendency to avoid these types of issues:

When we haven't had a guidance counsellor [I have] sort of just taken on the role until we can get the guidance counsellor in ... when something first happens, like a lot of times, children are sent to me and I don't mind that, because if there's no guidance counsellor, somebody has to deal with it.

Without the availability of a guidance counsellor, though, Case Study Participant 2 reflected that she would have been devastated without even such minimal support for issues beyond her comfort zone (Schiff, 1990): “Desperate. I would feel awful.” She explained her reaction as follows:

I know that something is not right. I know that I don't have the tools to get at what's not right. I can deal with the anger, and teach him about anger management, and teach him about, you know, relaxation techniques, and things to do to prevent it, but, after ... spending time with him now, discussing the different incidents and that, I really feel that there's something more at play, causing this, than I'm capable of dealing with.

She considered age and self-perceived significance of issues as some of the boundaries on this self-defined role, but has known when to seek help, when it “puts the hairs up on the back of my neck,” partly by observing situations and listening to her informed intuition of “bells and pounding hammers going off.” When she shared a story about a personal hygiene issue, in another anecdote where she felt further issues may be imminent or underlying, she quickly requested help from guidance, administration, and public health. On the other hand, she believed that children will often approach her more readily than they will the guidance counsellor, simply because of her proximity and ongoing relationship. Perhaps this mirrored what Morse (1992) described as foundational

collaboration that is a precursor to success in such situations: a teacher who has shown both competency and dedication along with support from mental health, applied with creativity.

Acting as a Therapist: Primary Example

Nineteen of 20 interview participants (95%) responded to the request of providing details for a time when they felt they acted like a therapist for a student in their classroom. If more than one example was provided, the primary example was used in this analysis.

Initiating Support

Primary information to describe the therapist role often shared by interview participants was that of initiation. The 19 responses provided by participants were typically initiated individually (68%): “I had to keep her after, and we had to have a discussion” (Interview Participant 2), with a few examples initiated equally at the classroom-wide or school-wide level. In the majority of examples where it was possible to isolate the initiator of a therapeutic interaction, teachers initiated the events they classified as therapeutic; for example:

One of my students ... was coming to school, and you could smell him his hygiene wasn't the best now I've often looked at that as the role of ... a counsellor ... [to] take him aside and because it can be done privately [but] I did deal with the issue myself. I took him aside and we sat and we talked about it and I explained to him. (Interview Participant 8)

Continuing Support

As therapeutic interactions progressed, these interventions typically remained at whatever group size they were initially initiated: more specifically, most interventions began with individual teacher-student interactions and remained as one-on-one (68%). A minority shifted from individual interactions to discussion with groups of students or whole classrooms, or vice-versa. Examples of teachers who perceived they have acted as therapists that were provided by 19 participants. These examples usually centred on personal topics (63%) or, less commonly, with a mixture of personal and academic topics (26%; see Table 8). Amongst the 17 interview participants where the context of the provided therapeutic examples was provided as part of their discussion, topics covered tended to be in the context of incidental conversations (82%) rather than formal lessons (18%).

Typical Profile Summary: The process of adopting the role of a therapist

From the primary examples provided by interview participants, the overall profile of teachers adopting the role of a therapist for students in their classrooms was when teachers initiated incidental interaction with students focused on a personal issue and maintained it at this individual level.

Building Relationship Foundations

In response to the research question focused on participants' beliefs about student-teacher relationships, it was clear that interview participants believed strongly in the essential nature of student-teacher relationships. These beliefs are similar to Glasser's (1965) acknowledgement of the essential nature of trusting relationships as the first step in any intervention. All interview participants in this study gave a response to an open-

Table 8

Topical Focus of Examples of Teachers Adopting a Therapist Role

Topic focus	Examples of the adoption of a therapist role (<i>n</i> = 19)	Percent of examples of the adoption of a therapist role
Personal	12	63
Combined (personal & academic)	5	26
Non-personal (solely academic or disciplinary)	2	11

ended inquiry regarding personal beliefs on the most important area of their instruction. The most dominant theme that emerged from interview participants' responses, beyond instructional style, was relationship building. Interview Participant 11 explained its importance: "The most important part of my instruction is connecting with the students, because if you don't connect with the students, then it's ... a waste of time for both you and student."

Relationship Keywords

Interview participants were also asked to provide three key words that described what they believe is their typical student-teacher relationship. All 20 interview participants provided a response. Sixteen interview participants (80%) provided three key words, a single participant each provided either four or one, and 2 participants (10%) provided two key words. Similar to the analysis of responses to the definition of a teacher, interview participants' responses emerged as a combination of three themes: both internal characteristics and external actions as well the infrequent mention of role labelling. Internal characteristics which represented typical student-teacher relationships were: understanding, caring, trusting, perceptive, relaxed, friendly, supportive, comfortable, sensitive, pleasant, positive, and honest. The most commonly mentioned key words included caring (35%) and trusting (30%), similar to the unconditional acceptance underlying Radd and Harsh's (1996) explanation of interventions to improve self-concept and behaviour. Role descriptions provided included mentor (10%) and a single mention each of assistant and friend. Secondary was the category of external actions that were indicators of positive student-teacher relationships including respect, nurturing, inspiration, listening, expectations, consistency, firmness, fairness,

responsibility, humour, and fun. In this area, respect (25%) and fairness (15%) were most commonly mentioned.

I think I'm firm, but ... fair. I ... want to treat everyone the same whether you're a better student or whether you're a better person doesn't come into it; what comes into it is ... that I'm here to teach you, that's my role. Try to support you emotionally if I can. And so to me ... it's being fair with everybody ... treating everyone the same. (Interview Participant 8)

Effects on Learning

All interview participants concurred that the student-teacher relationship has affected learning, usually positively, with the potential for negative outcomes as well. If the student-teacher relationship had been fraught with problems, equally so had been students' learning, according to 5 interview participants (20%). Interview Participant 8 explained: "Teachers, like most adults, can make or break a child. And I've seen children in the class [say] 'I hate that school, I just hate it!'" Interview Participant 18 corroborated this assertion: "If you come in day by day and you're ... always in a sour mood or you're always in a ... negative mood, then I think that's going to be put off on your students. It's not going to cause a positive learning environment." Most interview participants, however, focused on positive outcomes of student-teacher relationships. In total, 16 examples of positive outcomes of a positive student-teacher relationship were provided by interview participants.

The most commonly indicated positive outcome was general positive learning, indicated by 7 of these 16 interview participants (44%). Some examples are: "A positive relationship with students in my experience ... [it] has enormous effect on their potential

for learning. And I think that's the biggest key, is having that mutual respect, having fun in the situation, but at the same time ... that whole feeling of well-being that they feel in that context just allows learning to take place" (Interview Participant 20) and "I think the more positive relationship[s] you have with them, the more positive learning experiences that you will ... encounter" (Interview Participant 4). Four participants in this group (25%) linked students' academic efforts with positive relationships, such as:

I think they want to learn, or they try. Because I think once they develop that relationship with me, I think they're probably a little bit embarrassed sometimes when they don't put their best into it. I mean, I think they know, all I want is their best. Their best doesn't have to be 90[%]. But as long as they put their best into it, and I say that right up front, of course. (Interview Participant 2)

Interview Participant 9 concurred with:

If you get on the good side of them and then ... when I say get on the good side of them, I don't mean ... letting them get away with things, but I think ... if they get that good rapport with you ... they really want to please you and like to try their best I think if you butt horns with people ... you don't get very good results.

The third most common positive outcome indicated by 3 interview participants (19%) was student risk-taking, to "set up a learning environment where they feel relaxed and able to ... let down their hair, take risks, show me what they can really do." Finally, a single interview participant each provided responses that indicate either positive effects on students' participation (5%) or teachers' opportunity to motivate students (5%), and mutual valuing (5%).

Creating Positive Relationships

Interview participants offered 17 examples of areas they believed would assist in the development of positive student-teacher relationships. One often-mentioned technique is through the purposeful creation of student-teacher connections (24%), “In order for them to feel part of the learning process ... you have to establish ... an understanding or ... a bond, a relationship with each and every student” (Interview Participant 1). Commonly mentioned are both the creation of a positive learning environment and showing respect for students (18%). Less frequently mentioned were providing encouragement, setting standards for students, and demonstrating caring and valuing students, each mentioned a single time. The example of encouragement was articulated in this manner:

When a child isn't doing their best ... I don't just jump on them and ... get upset with them if they're not doing their work ... I try and say to them, "You know what, you want to get out of school, don't you? I found some really good ideas for you, when you finish up what you do.” One guy is [a] really good bike[r] ... I said, “[name], do you know how many jobs are out there for you? I was watching a show the other night, and you could be a courier here are loads of things since [you] love to ride a bike that you could do.” And he could do them as soon as he gets out of school. He’s got to get out of school first, right? He says, "Oh Miss, I’m really tired." “I know [name], I’m really tired today too; you know if I had my way now, I’d have a nap right now, but these are things we can't do. So come on, it's only a couple of hours, and we'll get [it] done.” (Interview Participant 2)

Although most responses focused on the responsibility of participants to create positive relationships, one area was suggested by 3 interview participants as the responsibility of students: giving respect to teachers. In other words, the vast majority of responsibility towards creating positive student-teacher relationships was deemed to be that of the teachers, rarely that of the involved students. Most efforts towards creating a positive student-teacher relationship were related to students' feelings. Of 12 suggestions, the mostly commonly mentioned was a feeling of comfort:

Comfortable physically, definitely, and comfortable in the classroom so they don't feel like they're pressured to anything that's going to embarrass them pressured to anything they ... absolutely don't want to do. I want to [provide] them with an opportunity where they feel like ... they can try things; in other words, it's not risky for them. (Interview Participant 15)

Two interview participants indicated that a perception of teachers being present for students' benefit and a feeling of trusting a teacher were also significant. Last, the following were indicated by a sole participant each: a feeling of comfort with a teacher, a perception that a teacher believes in a student, a feeling of warmth with a teacher, and a perception of respect, as well as a perception of teacher concern. These reactions are summarized in Table 9.

Typical Profile Summary: How Teacher Relationships Affect Student Learning

Most commonly, interview participants reported the belief that positive student-teacher relationships are related to positive student learning, and that negative relationships have negative outcomes. Interview participants suggested that the deliberate forging of bonds with students most commonly helps to create that positive relationship on the part of

Table 9

Perceived Students' Feelings in a Positive Student-Teacher Relationship

Perceived students' feelings	Number of discrete examples within each category (<i>n</i> = 12)	Maximum lines of text within discrete descriptor
Comfort	3	15
Benefit	2	9
Trust	2	5
Other (belief, concern, warmth, interest, respect)	5	21

teachers. Considering this issue from the perspective of students, interview participants perceived that the most common indicator of positive relationships is likely to be a perception of comfort with teachers.

Special Needs Exemplified

In the provision of advice that centred on a response to Interview Scenario Four, focusing on students with general special educational needs, who struggle academically and may also struggle with social, emotional, or behaviour issues (refer to Appendix C), 4 interview participants advised that novice teachers should focus on the provision of appropriate learning environments, much like Glasser's emphasis on the caring involvement needed to fulfill personal need (Glasser, 1990):

I do believe it's all kind of interconnected. Everybody wants to feel they're being successful, but you also need to be socially successful, and feel a sense of belonging, and a sense of being understood, as well as that academic [success]. (Interview Participant 1)

When participants shared their accounts of 16 similar experiences, however, they tended to focus on behaviour (25%) and less on the development of a student-teacher relationship (13%). Others found their interventions focused on the personal growth of the involved students (19%), such as Interview Participant 5's recollection of how students' perspectives about their disabilities can alter over time: "It's all about faith. And you have to be also aware [of] why you want to do this; is it worth it? Worth my time, to save this soul? It's almost like [being] a soul saviour, and if the answer is yes, you have to invest energy." A detailed example of focusing on relationship development is provided by Case Study Participant 1.

Case Study Participant 1 recounted a detailed example of providing support for such a student, opening with a discussion that arose in the context of a typical junior high school classroom, which may have otherwise been treated purely from a behavioural standpoint. In this case, she dealt with a student's refusal to utilize an assigned seat. However, rather than responding to this in a punitive way, she responded from the standpoint of instructing social skills to students who are also obtaining special education support in other classes, considering, "I've been dealing with ... trying to get these boys to settle down and ... work, and [teach them] how they need to behave in a class of 37." Prior to her response, she did gather information from the guidance counsellor, deliberately seeking out contextual information beyond the presenting behaviour and in fact did discover that other issues were affecting her student. Individually, she responded by acknowledging these issues with her student but also emphasized that the student was still responsible for his behaviour. She also provided some guidelines for future issues:

I said to him [that] you have to remember that I'm not party to everything, and ... you can't just use that for the whole day. There's a way you have to behave when you come to my class, and if you have a problem you need to just speak to me outside the door and say, "You know, Miss, I'm having a hard time and just not a good time for me." And I will understand that. (Case Study Participant 1)

She deliberately has built her relationships both inside and outside of her instructional responsibilities, simultaneously with managing with behavioural issues. In one case, she made sure to explicitly point out, "I really like you, and I need you to be here, because I want to help you through this." She also offered to be a school mentor and feels that this type of relationship building works both ways; not just for the benefit of the student: "I

just feel really good ... I want to take him home, [and] take care of him ... it's the real mother in me, when I'm with this child." Beyond the classroom, then, a focus on relationship building was extremely important for Case Study Participant 1, one she felt has made the difference in the continued personal growth of students as well as their behaviour in class. She explained her relationship building as seeking out, greeting, and encouraging one student with special educational needs and resolved behaviour issues, and attributed her success in dealing with more challenging behaviours to this style. She explained her relationship building as, "In class I'm the teacher ... I'm here to deliver the course, but outside, I let them know that it's not that I only think of them when they're sitting in front of me." Sometimes she has been able to see the growth in the seeds she has planted. Sometimes this has occurred even within the brief span of remaining high school years, in attitude change, maturity, and self-esteem of the students she and her staff support: "I think, through it all, they realized ... there's a lot of people out there who do care, and perhaps I [the student] better start caring too." In the case of her student with behavioural issues, she believes that their relationship has had a positive impact. She believed that "tomorrow he might throw a desk across a room ... but, I don't think he's going to do it in my class ... he'll save it for somewhere else."

Keeping Doors Open

This theme refers to notable moments of importance in interview participants' ongoing student-teacher relationships as well as how these relationships have developed over time. Keeping Doors Open has provided further data to respond to the research question addressing student-teacher relationships. All interview participants responded to an interview question focused on sharing a time when their relationships with students

were extremely important to those students, and 19 out of 20 interview participants (95%) were able to provide an example. Responses ranged from a single interview participant who was unable to respond, to interview participants who responded that their relationships with students were imperative on a continued basis. Interview Participant 7 provided details about the difficulty in even creating trust and caring relationships with students:

There are some students that ... are harder to warm up they don't seem to trust you ... "Why do you care?" That sort of thing, but there are other students who, it's ... easier. But there are some students who still say ... "You're only a teacher, you're only here, you don't care about me." I've heard that lots of times, "You don't care about me. You're only here because you get paid" ... but, it's not that ... I'm there because I care and I'm trying to make a difference.

Students with Special Needs

Through seven examples related to a specific subgroup of students, the most frequent categorization of students perceived as finding the teacher-student relationship of particular importance are those with special needs (21%), such as, "I think it's ... important for all students to have those ... moments, but I guess as a special needs teacher, it's very important for me to have those ... days when they get it. And ... I strive every ... period for them to get it. And it's ... so much harder" (Interview Participant 10). The second most frequent characteristics perceived as needed supportive teacher-student relationships were those from challenging family situations (14%), "I find a lot of times that students who come from broken homes tended to need a lot more emotional support. And if they felt they weren't getting that from you, then it ... turned

them off from the whole learning” (Participant 11). Last, students from communities who generally distrusted the educational system or were perceived as social outcasts were also indicated (1%).

Ongoing Relationships

Within 17 student-specific examples where the teacher-student relationship was deemed to be essential, only two examples related to fairly isolated incidents in the school setting. Fifteen situations referred to ongoing relationships that extended beyond a single incident (88%), and nine situations referred to simply providing additional attention to the noted students. One interview participant explained it this way:

He doesn't have an easy life either at school or at home, and he needs somebody there to support him. And I ... can't even begin to imagine what it must be like to ... walk around the school and ... just to see ... people treating him badly or ... other teachers who don't understand him ... maybe, criticize him or even make fun of him behind his back. (Interview Participant 13)

Another example was detailed by Interview Participant 1:

I felt that by offering a commitment to him that ... “I'll offer you lunchtime, homework help, you can come every day, noon hour, and I'm willing to go over this with you, or you know if you need help in the mornings, or if you need help after school,” ... by constantly telling him that, “It is important for you to get these skills in order for you to move on, and this is how important it is, that I'm willing to give my time so that you can do it.” By establishing that bond with that child, [it] caused that child in the end to do extremely well.

Outcomes of Relationships

Twelve of 20 interview participants cited outcomes as evidence of successful relationship development. The most frequently cited type was that of continued contact: “Out of my whole career, I know that even today, I’m important to that person” (Interview Participant 12), or “every time she comes home from university, she comes to visit me. I’m on her list” (Interview Participant 2). Less frequently, interview participants cited positive parental or student comments, such as, “When a student looks at you and they say they have it or they realize they have the ability to do it” (Interview Participant 10) as evidence of this importance, as well as successful student outcomes (2 participants each). Last, a sole interview participant each reported positive collegial comments and a feeling of being appreciated. While the majority of participants cited school-based examples, 3 participants provided scenarios that extended into time beyond formal school hours. Interview Participant 2 discussed an extensive community relationship, and 2 others described such relationships that extended into community settings. One participant described his manner of relationship development:

I took them all over to my window, and I said, “That’s my house over there.”

And they said, “Oh, yeah.” And I said, “Myself and another teacher--I called her by name--live there, and if you have any time that you are hungry, or you’re cold, or whatever, or you just want somebody to talk to, there we are.” And I felt after that I showed them that I actually did care, and ... they did come to my home, and I did feed them, and they watched movies, and they slept; they did it all.

Once they knew that ... okay, this person really cares for us, they’re not only here to teach us and get money ... they’re here because they really want to be here.

And I felt that a lot of those kids used to open up to me about particular problems and certain things. And [we] actually help[ed] them in their lives and their homes. (Interview Participant 7)

One participant elaborated how these relationships which have marked importance to students can also have a negative slant:

There was one negative thing, I would say, that came out of that relationship. She became extremely attached to me, which I didn't expect ... [it] kind of ... backfired, and I didn't expect that, and I didn't want that. And I had to actually ... ask her to be transferred out of my caseload ... which made her very angry at me. And now she understands what I was trying to do, but it was too much, and ... in the process we can ... actually hurt ... the growth of the child if you get too involved ... too close, and I didn't want that. I'd still like for her to see me as a teacher, not a ... surrogate mother Now she's in university [and] that's ... one [time] I made a difference in someone's life she does keep in contact with me sometimes if I am online, she comes on, and [she] said, "[name] I miss you so much!" But she doesn't have the time now to chat and ... to be much involved, because she's [attending university]. So she needs to apply ... a lot of herself it was good for me as well because ... I also learned how not to ... talk a certain way with a student, because then we ... send mixed messages I used to talk to her like I want to talk to a daughter, and ... and that was not a good thing I think we should always keep in mind that line of demarcation, and we have to watch ourselves. That was a very good experience for me and for her. (Interview Participant 5)

Typical Profile Summary: When Relationships are Extremely Important to Students

Overall, the most common profile of a time when interview participants' relationships were extremely important to a student was when there was additional attention in the context of the school environment of an ongoing relationship. Evidence for the importance of positive relationships, where provided, was most often found through continued student-teacher contact.

Transitory Needs Exemplified

Student-teacher relationships have also acted as a foundation to supporting students in needs beyond purely academic learning, supported by responses from Interview Scenario Two, focusing on discussions on how teachers should and have supported students experiencing intense but transitory needs in the social, emotional, or behaviour domains, such as those coping with a family trauma. When provided with this above scenario, fully outlined in Appendix C, all 20 interview participants were able to provide some type of advice for this type of scenario, and 12 (60%) were able to provide relevant school-based examples of similar situations they have encountered professionally. Half of the interview participants giving advice to a novice teacher related to the presence of positive student-teacher relationships to support such sensitive issues; in fact, one interview participant felt it could be considered a loss and suggests that this type of transition should be approached individually, as with grief (Interview Participant 5). Interview Participant 19 stated, "Let the child approach them [and] bring it up if [the] occasion arises; don't force it on them and invite them to talk." Sixteen interview participants (80%) indicated that this type of scenario is not something they would suggest referring, but all 20 interview participants (100%) would suggest

providing support for the situation; within reports of professional experience, only 2 interview participants have had experience referring for similar situations. Rather than a referral, some interview participants suggested that more structured teaching around the issue is appropriate, and others simply relied on individual support through conversation and the student-teacher relationships, as already noted. Interview Participant 12 explained, “I think to be positive, and listen a little bit, but don't let it override everything else,” and Interview Participant 9 reiterated, “You can't beat it to death” (Interview Participant 9). In terms of support, 7 interview participants each (35%) suggested the use of supports such as listening and talking, such as this example of how a teacher felt she should support a geographically significant move:

I think we should talk about the positive changes that [are] going to happen to this person ... and kinds of changes she sees herself ... good things [that] can come out of the move, and ... just emphasize that although the move may have ... some pros and cons, most of it will be good. She can keep in mind that she can come back and visit her friends and ... she can write letters, and they keep in contact by email technology today. That it's not the end.

Eight interview participants in this scenario suggested the enlistment of peers to also help teachers support students experiencing transitory needs, ranging from isolated activities, such as creating a class card, arranging continued contact, “kind of [a] safety net where the other children will keep in contact with the child who is moving” (Interview Participant 19), and facilitating sharing of experiences of classmates in similar situations. One interview participant’s explanation had almost the flavour of a referral: “Why not involve the other students; why not have her friends helping her” (Interview Participant

13).

Within lived experience, all 12 interview participants who were able to provide such professional reflections did provide some type of support for this type of situation, typically, supportive talk (58%) or peer supports (42%). Examples of supportive talk were as described by Interview Participant 15, which also provided a window into the importance of her relationship with her student:

I tried to look at the positive things, and I also tried to let the student know that I was ... going to miss him ... that he wasn't the only one upset: I was upset too that he was leaving. And I did; I missed him terribly. That particular student, I always think about what happened, and I think it was because the last time I ever spoke to him, he was in tears. And I think that's ... really hard ... I tried to say, "Well, you're going to make all kinds of new friends down there, and ... there's lots of good stuff down there that we don't have up here ... they've got this, and they've got that, and you'll be able to do this." And things like that ... so, hopefully that made a difference.

Three interview participants mused that even such transitory needs could be supported more formally, perhaps integrated through discussion related to the government curriculum in Language Arts, Social Studies, Religion, Health, or even Math, Art, and Technology. Only a single interview participant, however, wove this into government-approved curriculum in a formalized manner. One participant described how a number of choices are available for this type of issue:

[I would] certainly do it in Language Arts. And I would do it with regards to ... the writing aspect of it, and then the oral presentation. We could even do posters.

So I mean, I'd find a way to tie it in. Or if it was Health, I would do it through well-being. Dealing with stress ... identifying situations that are stressful to us.

(Interview Participant 10)

She laughed as she reflected, "If you want to teach something ... you can fit it in." More specifically, Interview Participant 10 described how she could rationalize fitting it into her Religion class according to her professional judgment, "When you look at our general outcomes ... they are very morals based. Well, and oftentimes you know they're very broad ... you take a lot of things ... that you feel are important." Interview Participant 18 explained why she recommended tackling this issue class-wide: "The move is going to affect not only that individual, it is going to affect the whole class, the dynamics in a class."

For those who believed such situations referral worthy, 2 believed that the guidance counsellor may have a role, and a single interview participant each suggested discussing the issue with friends or other teachers. One cautioned novice teachers with a warning in this type of situation: "If the child is in need of counselling, you're not a counsellor, and you're not qualified to counselling, so don't try to do it" (Interview Participant 3). Within actual experience, the 12 interview participants who reported experience referred to two sources: guidance and administration, and continued to provide support. In the case of 1 interview participant, referral was provided in a situation involving peer suicide:

They weren't able to do any academics at all because they were just so upset.

Basically they were only in the school to be with their other friends and [have] support [from] all of the teachers, because they really rely on their teachers.

(Interview Participant 7)

Social, Emotional, and Behavioural Issues

Skill building interventions for social, emotional, and behavioural needs is presented in this theme, which includes cautions and concerns when supporting students with prominent behavioural needs, as well as links with curricular documents. All 20 interview participants responded to a range of questions about the instruction of important social skills and emotional awareness, where social skills are defined as specific behaviours that facilitate interaction with others, and emotional awareness is defined as the ability to identify and characterize their own and others' feelings. The elements of this theme fulfill the primary research question centred on the instruction of social, emotional, and behavioural skills.

The Presence of Social Skills and Emotional Awareness Intervention

Like Jackson's (1997) and Hayes's (1995) discussion on the inevitability of the hidden curriculum and the importance of its deliberate instruction, interview participants also asserted their role in social skills and emotional awareness. Almost all interview participants noted that they believed that teaching social skills (95%) and emotional awareness (80%) is part of the roles of schools, and most interview participants reported a belief that instructing social skills (90%) and emotional awareness (80%) is part of the instructional role of teachers. Interview Participant 5 explained this importance well:

It's the source of everything. It doesn't matter if you are a toddler or if you are 85 years old. It's not taking anybody for granted. And that's ... the source of everything. If you could ... make people understand that, whatever reason, whatever way, the world would be a much better place for us to live.

One example of this importance of the school's role in social skills is related to behaviour at school assemblies:

We haven't even taught them how to listen and the person up on stage doesn't actually wait until everyone is stopped talking ... it just goes on and on. And as teachers, our classrooms are wild! And there's five people asking you questions at the same time. And teachers can answer all five, "Yep, uh, uh." Right? And that's not social skills, is it? [T]he child is coming up, when you're trying to share with one, and the other one is tapping you, or "Miss, miss, miss!" and so, I might say, "Stop! This is rude. [laughing] I am one person, I have one set of ears, you wait in line, and that will work better." Right? And they forget that. But oh no, they're just wild what is the point if we're not actually dealing with it, or trying to teach them a new way? (Interview Participant 2)

A justification the instructional role of teachers in the area of emotional awareness was shared by Interview Participant 8:

I think it's more important now than it was a number of years ago, probably when we were growing up it seems that a lot of things that we took for granted or got from our own or being at home with brothers and sisters. And ... I think that's the other thing, most kids today ... they might have one sibling; some people are alone. But even a lot of things that happen in a family, you learn from that, but if you don't have that family life, you don't learn those things. So it's probably more important to actually have it as ... something being taught.

For those who did not state a clearly positive response to these inquiries, the negative responses were typically moderate. For example, "I feel it should be, but it's

not” (Interview Participant 7). The lone interview participant who did not respond that teaching social skills currently is part of the role of schools believed that it should be:

I don’t know, but like I said, for me it’s very important, and I think ... if primary teachers ... are into teaching social skills and you know it’s one of their main goals as you go along, with the curricular goals, then, I think the job becomes easier as you ... go through the grade levels. Obviously not for every student, because every student is different, but for many students. (Interview Participant 19)

Role Descriptors

During initial interviews, 8 interview participants of 20 (40%) provided some type of qualifier to describe their role in the social, emotional, and behavioural growth of students, ranging from “I don’t know what my role is there” (Interview Participant 15) to a combination of “important” or “major” (Interview Participants 1 and 10), “large” or “big” (Interview Participants 11 and 19), “critical” (Interview Participant 12) , and “daily” (Interview Participant 13). Interview Participant 14 pointed out the “individual” nature of social, emotional, and behavioural instruction, that “some teachers are better at picking up those cues than the others.”

Setting up the Environment for Success

All instruction-related responses emphasized the construction of an appropriate environment for social, emotional, and behavioural growth, including reiteration of positive student-teacher relationships (35%). Interview Participant 3 explained the role of controlling the environment this way: “My role is to set up an environment that ... allows them to be themselves, to not be intimidated, to take risks, to not feel ... threatened in any

way [then] work on the academics.” Another interview participant discussed the importance of the relationship affecting the learning environment this way: “If you have a relationship [where] ... both students respect you and you respect students, I think that's going to increase the atmosphere in which they can learn” (Interview Participant 18).

Collaborative Support

Three interview participants of 20 (15%) believed the role of social, emotional, and behavioural instruction is not simply the role of the teachers, and suggested that others need to assist the process in a collaborative effort. Two interview participants emphasized the parental role, “The parents could work at home, but then of course ... [the] same things--consistency--should follow in school” (Interview Participant 16). Two emphasized the importance of collegial support in this area:

Well, sometimes ... you have to deal with it. You have to try to help them, but I don't think sometimes that you're very well equipped to ... I think it's an area that ... I think you really do need some outside help with it. And ... I don't feel very knowledgeable about that, and I think sometimes you do need ... some ... outside intervention ... to come in and help you. Because ... that is so different from actual teaching, when you're dealing with kids that have ... these problem[s] ... and ... it's just not something that everyone is trained in. (Interview Participant 9)

Providing Support and Instruction Exemplified

While responding to such areas of need in the school environment, collaborative support may be necessary. A detailed example of requesting support through referral as well as providing instructional support is provided by Case Study Participant 4. Like her

reflection upon a health-related intervention, students with medical issues have often required additional support and instruction in the school environment (Sexson & Madan-Swain, 1993). She provided details of a bilateral approach, with both information about referrals and instructional support. She discussed a situation with a visibly contagious health problem that was an ongoing struggle, affecting not only an individual student but the wider classroom community. She provided a referral to the public health nurse and considered referrals to the school administration, if necessary, with an obvious goal of well-being in her classroom community.

Some of the other children started to say things to him ... “You shouldn’t be out in public,” and “You got a disease,” and etc., etc. And it just stemmed from there, and it started from the little kids ran up to the big kids [in a] snowball effect.

I think people have been saying little things to him here and there, because it’s been like almost a continual sickness ... but, when it got to the point of, “You have a disease, you are diseased,” it got to tears and being very upset, we had to bring them together.

She provided a proactive approach to dealing with this ongoing health concern by providing instruction in the area of hygiene. Although hygiene can be seen as a social skill in the self-awareness realm, she also reflected on its alignment with Health and Social Studies and thus its appropriateness as whole-class instruction.

Usually we teach it at the beginning of the year, because it ... fits in with ... some of the Health and Social Studies and all that good stuff again, but ... they need to be reminded, especially younger kids ... just for ... little things I’ve seen, even like sharing drinks and ... sharing hats and things... we have [a] no sharing rule

like that in our class, because ... we talk about different things that could happen, and ... we want to keep clean, and on and on it goes. (Case Study Participant 4)

An Example of Social Skills Instruction

Case Study Participant 2 carefully detailed how the process of individualizing instruction for social skills emerged, an integration not uncommon for special education teachers (Peach & Keeney, 1991). She shared an example of how instruction in social skills within the Health curriculum was not enough for this student, and an individual program was designed. She commented that memorizing facts for a class test does not guarantee that the true meaning of the concept has been understood and is ready for use. She felt teachers' self-disclosure has been essential in such activities, and noted that she will also complete activities to share about herself if she is asking her students to do so: "If the teacher takes risks, they pick up and they take risks." It is important, for all students, she believed, in school and beyond school, and cannot then be constrained by the time-limited learning that the curriculum defines:

Yes, we have to teach them the academics, but there's so much more to life ... to be successful students, than the academics. Or to be successful in life ... you need social skills. You need to know not to lie and cheat, or you don't stay in too many jobs ... whether you go to university, or ... whether you're working in a fish plant, you get up there and you start stealing the fish, and you're [going to] be fired ... you go to university and ... become a lawyer and you start robbing the accounts and you're [going to] be fired and you're [going to] end up in jail ... the lessons that we teach them in school are life lessons. They're not just something

that's finished in grade 2, or grade 3, or grade 5, or grade 6, and ... I believe they're just as important as curriculum.

Of the 4 interview participants who did not confirm that teaching emotional awareness is part of the instructional role of teachers, 3 of them responded that--again-- it should be. In the case of the specific role of teachers, only one responded warily:

In an ideal world, yes, it would be, and it should be ... and I think ... we have always got to be aware of it because we want to model it ... when situations come up, that's the kind of behaviour we want to reinforce, and so on ... but in terms of direct instruction on emotional awareness ... I think it's such an important thing for a child to have; I just don't know where it is right now in the curriculum. I don't know where; teachers are completely overburdened I think the demands on them are way, way too high, and ... I don't know that it's ever going to get the attention it deserves in the school it's not just our responsibility, it's obviously the family's and society's responsibility, so I don't know how I feel about it ... it would be nice for me to say, "Oh definitely, that's what we should be all about." And I think it's extremely important for some children, it's probably by far the most important thing that we could be doing with them, but I don't know how realistic it is. (Interview Participant 3)

Typical Profile Summary: Social Skills and Emotional Awareness in Schools

Almost all interview participants believed that the instruction of social skills is part of the role of both the schools and, especially, that of teachers. Most participants also reported similar perceptions of the role of schools and teachers for emotional awareness.

The majority of those who do not envision this role as a current formal responsibility of schools and teachers believe this role should exist.

Cautions and Concerns

Adopting a therapeutic role can unfortunately result in possible negative effects for teachers, as described by interview participants reacting to interview Scenario Five (see Appendix C), supporting students with severe emotional and/or behavioural disorders. All 20 (100%) interview participants were able to provide advice for such a scenario, and 16 (80%) were able to describe similar school-based experiences. In the case of such a scenario, the majority of interview participants (85%) believed they would refer this situation for help beyond just themselves, and almost all interview participants (95%) discussed the type of supports they would suggest to a novice teacher in this situation, reflecting that, in some situations, “You realize there's not much help out there you just ... try to get through. And sometimes you just have to take it a day at a time it's very hard on you as a teacher” (Interview Participant 9). One interview participant explained why situations dealing with some emotional and/or behaviour disorders may be challenging, reflecting that teachers may find it easier to deal with situations where sympathy is needed: “I find that ... if they're emotionally sad ... most people, most teachers have that in them to give.” In more challenging situations, teachers should have been aware of their individual limitations. For example, when situations have been overwhelming: “Walk away. Don't ever stay around. Get somebody in,” and “Don't allow a student to blow your career” (Interview Participant 8). Proactive advice to avoid such challenging situations included utilizing classroom motivational systems focusing on positive social reinforcement such as “Pat on the Back” jar, Helping Hands, Teacher's

Tutor (Autism Spectrum Disorder School Support Program, 2007). More systematically, 1 interview participant suggested a careful examination of a student's background and behaviour patterns:

Go back and look at ... the background ... antecedent behaviour, like what kind of thing gets him going ... study the behaviour, and see ... what can you do to sort of reduce the ... outbursts. And you kind of [have] to know the child – it's like when you go to a job interview, and they say, "What if?" (Interview Participant 12)

Interestingly, the single interview participant who did not provide any advice regarding supports for students, such as the above example, considered instead the essential nature of supports for the teacher.

I guess it depends on ... the specific behaviours and their impact on the other students and I guess how the teacher feels that they can deal with that ... I think that's a big thing, because I think sometimes the child is put there and the teacher is expected to deal with it ... and the teacher often doesn't know, and it's not the teacher's [fault] in my mind ... we're all different [chuckle] ... think some teachers can deal with that type of situation ... better, but then another teacher could deal with another situation better ...so you still [have] to be able to know your own strengths and weakness there. And even with guidance counsellors sometimes, with the children there are situations that guidance counsellors need to seek further help for ... and I think you have to realize that. I think you have to realize your own limits and what's best for you and what's best for that child ...

and not feel that you're a failure because you can't do it yourself. (Interview Participant 17)

Provision of supports for teachers coping with severe emotional/behavioural issues has been a recurring theme within reactions to this scenario. Other reactions include: "I'd want to have as many supports for myself as the professional, as well" (Interview Participant 20) and "They're going to need a support network ... first and foremost it's important to establish that. I think it's important to have somewhere for that teacher to debrief at the end of the day" (Interview Participant 4). Also, "A person gets to be completely drained, completely exhausted, there's nothing left, and the person can not think anymore, is absolutely out of it. And you can not allow it to get there" (Interview Participant 5), and "Some days [you are] so very drained and you need somebody's shoulder to cry on" (Interview Participant 9). More positively, but along the same lines, a single participant believed that the best protection is to put forth your full effort: It can take its toll on you, but I think at the end of the day what [you] really need to remember [is] that it's not your fault, it's not you. And you do your best while you're there. Give your 110 [%] and try to be, THE BEST for everybody involved. (Interview Participant 19)

With more levity, she further reflected, "You need the support of colleagues, first of all for yourself because you're going through a lot of stress and you need, sometimes a safe place to just vent your frustrations ... 'I had terrible day and I just need a piece of CHOCOLATE!'" and laughed.

Case Study Participant 2 discussed her sole negative response to adopting the role of a therapist. She believed that the expression of her teaching role has been unequal to a

therapist; rather, she has assisted in building a foundation with students and has supported the role of the guidance counsellor:

All I want to know is that somebody is looking in, or checking [it] out, because ...

I don't have the skills, or I don't believe I have I suppose I'm trained to deal with anything that would come out, and ... what I should do, the steps I should take [but] I'm not a person that should be sitting down with a child ... doing anything sort of therapeutic, or therapy, or guidance ... I know my role.

Interview Participant 3 took a unique position when she voiced some ethical concerns about the instruction of social skills in general, placing some further limitations on the therapist role teachers may undertake:

I don't necessarily think it's our role, or even our ... business, or our right, to try to change all children and make them be what we think they should be. I don't know where we're starting to play God with all of that sometimes, but ... at the same time, a child has to live within the school. And if we're trying to teach that child, and the child has to live with 500 other kids ... for 13 years, then ... at the very least we need to work on ... that is like a small version of society within the school, then ... we need to work on those kinds of things to ... help the child to actually be successful, and get along, and ... have some positive experiences within the school. But I mean, honestly, I don't know; sometimes I just feel that ... the school is expected to play God and do so many things, either that we're not qualified for or [cannot control].

Ongoing Social, Emotional, and Behavioural Issues Exemplified

Case Study Participant 3, a special education teacher with some regular classroom teaching responsibilities, discussed many ongoing social, emotional, and behavioural issues in her classrooms and the school environment. Like Case Study Participant 1, she saw some parallels to parenting, and like Case Study Participant 2, she believed that teaching is beyond academics:

I basically treat my students as the way I would treat [them] if I had a child, and I look at, well, I'm a teacher, but parents send their children to me, and they expect me to give them the best care I can, and that's the way I treat them. I take care of a lot of ... emotional and other needs ... besides just being taught ... how to add.

Much of her involvement in these ongoing classroom issues seemed to have emerged from attempts to maintain an open door and a listening ear, both informally and more formally through a teacher mentoring program. In one case, a student approached her with a personal space issue that needed resolution. She reflected on this:

It's nice to know that they can trust me and if they are upset, that ... they don't ... let it linger ... that they'll come and actually ask for help. But, like I told you in previous conversations, I do that in all my classes ... my door is always open no matter when, come see me if you need me. Can't find me, well ask somebody where I am. With any problem; didn't matter what it was.

Case Study Participant 3 further discussed two incidents with students whom she teaches academically on a regular basis. They approached her about an aggression-related issue and asked her help on, in one case, potentially reporting the problems, and in

another, reporting the problem. She again came to similar tentative conclusions about why she is approached with these types of issues:

I'm open with them, and I tell them that if they need me for anything, or ... if they're being bullied, or if [they] just need some help with their work or whatever, that I'm down in [room number], or they can find me in the school. So maybe it's just that they trust me ... I don't know. I've had a lot of them in that [Language] class come to me and ask me for some help.

In addition, her approach to her introductory classes again exemplified her focus on relationship-building, sharing that instruction was not a focus in these initial classes; rather, she spent her time “getting to know them a little bit: what they're like, what their interests were, and actually getting to talk to them ... what they like, and that kind of thing, it sort of settled them down.” She believed this initial approach has a number of benefits: to assist with behaviours; to build relationships; and to assist her choices in future learning materials. She noted deliberately ensuring that this rapport-building was in place with one particular student with behaviour issues prior to placing any expectations on him: “I kind [of] got to know him a little bit, and let him know what I was like.”

A lot of students are asking ... can they come in my class and stuff like that. I guess it's just [in] relation to what they need. I don't know. I'm easygoing, I'm not really, really strict, but ... I'm strict enough that they know they ... have to follow the rules and stuff, but, I don't know. Maybe it's just a caring environment in there.

However, unlike the confidence of Case Study Participant 1 that her relationships will have prevented most behavioural issues in her classes, she admitted that her approach did not absolve her completely of behavioural issues in her classes. She did believe that it helped, exemplified in her musings, reflecting how she wants them to feel welcome and noting that “I feel if you make kids feel that they can trust you ... they're [going to] try their best to behave, not only to learn, but to behave, and to treat you with the respect that you give them.” She did periodically approach students from a behavioural management perspective, using consequences to encourage behaviour change. In her class instruction within alternate academic courses, she described a number of proactive behaviour strategies in place, yet she has also had to request assistance from administration to remove, for example, a disruptive student--even one with whom she reports to have a good rapport. These strategies included beginning the class with a sharing session. “That's been our routine right from the start, so ... if they [have] anything on their plate, or ... they're really upset over a test or something, we talk about it.” In fact, it was this strategy that provided the opening for a student to discuss inappropriate sexual topics, causing a referral to school administration. Another proactive strategy was to divert the focus away from student issues by asking students to focus on her needs as a teacher. For example, during one class period, she explained to her students that she was perhaps tired and needed a treat, such as a trip to the computer lab, as a reward for a half hour of work. She understood the idea of antecedents to behaviour, but is not necessarily able to decipher them, given her limited knowledge of students' days before they arrive in her class.

Incidental Origins

Incidental instruction related to social, emotional, and behavioural areas was the strongest commonality in social skill and emotional awareness instruction, with 11 interview participants (55%) providing a response within this category. This category was further subcategorized by incidental instruction related to discipline by one interview participant:

You know, it really does affect the way people look at you, and the impressions people have of you when you are swearing like this. I should not be hearing this, and more importantly, it reflects who you are. And you should stop and think about that. (Interview Participant 2)

Case Study Participant 2 also noted a single incident related to social, emotional, and behavioural instruction associated with an item stolen in the classroom by a student who received support through special education. In this description, her role involved not only a report to school administration, planning, conversations with the student, and parental involvement, but also follow-up with instruction in the context of an alternate course that also, according to this case study participant, “loosely (somewhat stretching it) fits in with government mandated instruction for health programs [in] making good choices.” Direct instruction through an individualized program in a special education context included a focus on “consequence, trust, feelings, morality, and laws,” with four main objectives: the consequences of stealing; its impact on trust; personal feelings related to stealing; and morality and rationale underlying the existence of laws. While this example originated from a disciplinary action when the identity of a student was unknown within an incidental context, it resulted in systematic instruction by a special

education teacher. Case Study Participant 3, when considering her instruction, reflected that such instruction to change behaviours, however, can be seemingly without quick or easy success: “This is my second year to teach this student, and it seems no matter how much teaching I do with her, she still continuously keeps up.”

According to Case Study Participant 1, a similar phenomenon can happen in regular classroom instruction, where issues arising in the day-to-day functioning of a school community may also be addressed more formally in the context of the regular classroom--in this case, high school--curriculum: “Issues end up being a part of my formal instruction, because I will often try and find a poem or short story that covers the same theme. You tend to have that freedom in an English class.”

Individual Issues Translated to Classroom Instruction Exemplified

Like incidental issues translated to special education instruction, Case Study Participant 4 described how four issues in her classroom resulted in instruction that she described as “somewhat” related to the curriculum in a variety of subject areas. First, bullying emerged as a continuing issue in her classroom, which she addressed in the context of the regular classroom and the Health, Social Studies, and Language Arts curricula. To address bullying, being a friend, and interacting with others, a combination of books, scenarios, guest speaking, discussions, and activities and behavioural contracts took place. Second, hygiene surfaced as a concern with many students and was addressed through the same subject areas, including a visit from a health professional, a reward program to reinforce new skills, story, and the creation of posters and visual reminders. Third, personal space was also a concern addressed through Health and Social Studies, including discussions about family, friend, and stranger space, when hugging is

appropriate, how to let someone know that they are invading our personal space, and friendly and harmful touch using dramatic play. Last, in the area of religion, a concern about stealing and punishment emerged, which resulted in a class-wide problem-solving process:

After the child [involved in the incident] calmed down, we got together as a class and talked about taking care of our own items, what to do if someone misplaces an item or accidentally takes an item. We came up with the idea of a “Lost and Found” box where students place items that they have found or mistakenly taken and other students can browse for their lost items there. We used this opportunity to talk about how to approach a friend if you think he/she may have your missing item. What to do and most importantly, what not to do. (Case Study Participant 4)

Curricular Context

The above discussion fit in with what two interview participants (10%) described as their role in social, emotional, and behavioural instruction in the context of regular courses:

It's up to me to teach them ... to be good citizens, to get along, to co-operate, to share, and oftentimes they need that modeled and you need to practice it day after day after day. So, I like to see the progression at the beginning of the year [when] some students are really lacking in social and emotional areas, and I could take them through the whole year and model it for them and have other students model it, so the whole classroom becomes a class of good citizens who are ready

to go on to the next grade. But are ready also to ... go into the world and do their thing. (Interview Participant 19)

More commonly, however, interview participants' role in social, emotional, and behavioural instruction typically occurred as an incidental response to perceived social, emotional, and behavioural needs rather than perceived as within a formal curriculum. Eight (40%) interview participants noted their role in incidental instruction as a response to the perceived need for essential support in social, emotional, or behavioural domains rather than a curricular fit: "I guess it depends on the child and their need" (Interview Participant 1). Case Study Participant 2 described this area as not related overtly to either individualized or government-mandated curriculum. She described an issue with lying by a primary student, which affected the whole class and resulted in a loss of instructional time, therefore was addressed as a whole class. Much like Case Study Participant 4, she used story, discussion, role play, and behavioural contracts to meet objectives related to the consequences of lies, the feelings of others related to lying, and its link to bullying. In some cases, then, the difference between participants' perceptions of curriculum-based instruction related to social, emotional, and behavioural issues and interventions beyond the curriculum may have been related to a difference in perception of fit rather than the realities of cross-curricular objectives. A strong example from one interview participant asserted, "When I see the pain in them, I can relate ... to the pain, and I can actually diagnose and I can prescribe" (Interview Participant 5).

Discussions and Scenarios

Interview participants were asked to further describe their social skills and emotional awareness instructional methodology by responding to an open-ended question

focusing on a description of social skills and emotional awareness instruction. For those who reported teaching social skills, teaching in small group situations is cited by 7 interview participants as the most common type of instructional grouping. On the other hand, issues related to emotional awareness tended to be addressed individually. Further context included the educational environment for social skills instruction, typically described as taking place in the special education classroom. In the area of emotional awareness, 4 interview participants each described instruction in either the special education or the regular classroom environment.

In an overall approach to instruction, direct instruction was commonly cited for both social skills and emotional awareness, with a total of 38 and 30 respective examples provided by interview participants, most commonly, discussion:

The first thing ... I used to do in the morning time, was ... have some kind of story that we would do, and I used to use the *Chicken Soup* books an awful lot. And read a story particularly dealing with relationships and social skills. And we would use that then as a ... starting point to really talk about the whole area of social skills and how you interact with people. And of course then students would contribute situations that they were in that [were] really difficult. And in a lot of cases ended them up at the alternate school anyway. So we would typically take those ... stories ... that dealt with relationships and build on it. Every day we used to do that. And you would find that students, even though they were probably your rough and tough students, would contribute a whole lot to that and that they would get a whole lot from it and learn from each other. (Interview Participant 14)

Other cited methods for social skills instruction were role play (30%), modelling, and practice (25%), reading (20%), games (15%), writing (10%), and drama (5%). In the area of emotional awareness, other instruction methods included reading (25%), role play (20%), writing and modelling (10%) each, as well as drama, games, and watching videos (5% each). One interview participant provided an example of how she would support such growth:

The best thing would be to bring guest speakers. And unbeknownst to them, have that actually happening you just cannot shout a question; you have to put your hand up. Wait--and this as all the basic turn taking ... has to do with courtesy of waiting for somebody to finish his speaking, for you to be able to start. It's eye contact, it's ... putting our hand up, it's addressing the person properly ... sometimes in big gyms when you have big presentations ... paying attention, not be ... fooling around, monkeying around when something else is happening there, or talking, or whispering.... All those little things that make the big thing posture, and ... way of carrying, now you can teach formally, by saying, "Okay, this is the way you'd enter a theatre, or movie house ... or whatever." But you have to eventually put that into a context. **Context is everything.** (Interview Participant 5)

Materials were also noted by interview participants for teaching social skills or emotional awareness. For both areas of instruction, the use of scenarios is the mostly commonly reported instructional material (25%).

Typical Profile Summary: Role in Social, Emotional, and Behavioural Growth

Overall, the strongest area of interview participants' responses to a question focused on their reported role in social, emotional, and behavioural growth of students was in the area of incidental teaching related to perceived social, emotional, and behavioural needs. All areas are summarized in Table 10.

Curriculum Documents

As described by many interview participants, social, emotional, and behaviourally based support and instruction can occur as an integrated approach to instruction; however, such intervention can also be structured according to curricular expectations (Bauer & Balius 1995; Peter, 1998; Sevald & Kantner, 2003). Limited responses related to curriculum-based instruction centred on the role of 3 interview participants (15%) in teaching of alternate course goals and objectives in social, emotional, and behavioural areas, such as:

I have a student who is very emotionally disturbed, and I ... work on [it] day by day doing different scenarios, writing social stories, etc. ... to try to get this child to open up, to ... express their feelings, to deal with scenarios that they're placed ... in a more ... appropriate manner. (Interview Participant 19)

Case Study Participant 2 provides two examples of individualized instruction within alternate curriculum for two junior high students with special educational needs. For one student with both emotional and social issues, she provided instruction in social language skills, specifically in topic maintenance and flexibility, turn-taking, nonverbal communication, and contextual conversational rules. Another student's individualized one-on-one instruction related to impulse control and problem solving, using instructional

Table 10

Instruction of Social, Emotional, and Behavioural Growth

Instructional type	Context	Frequency of each category (<i>n</i> = 14)	Maximum lines of text within discrete descriptor
Curriculum-based	Alternate courses	3	37
Incidental	Personal needs	8	156
Incidental	Government-approved courses	2	51
Incidental	Disciplinary	1	27

strategies described as “modelling, practice, and reinforcement; music and art therapy; problem solving/anger management games/picture cards; transfer of skills to real life [situations].” In this case, instruction was designed to meet a range of complex goals: physical signs of anger; relaxation techniques; verbal mediation and self-instruction; problem-solving steps; following directions; and listening strategies.

Although the most common type of instruction related to social, emotional, and behaviour needs is incidental, rather than instruction in a government-approved or individualized curricular context, as noted above, participants did refer to curricular areas on numerous occasions. In the context of interviews, interview scenarios, and case study conversations, participants referred to a range of curricular areas where they felt social-emotional skills have been, could, or should be taught within a therapeutic approach, specifically within these areas: art, careers, health, English, math, religions, social studies, and technology (see Table 11). No references to government-approved curriculum were made in the context of case study narratives alone. According to an analysis of available government-approved specific course outcomes, those related to the definitions of social skills and emotional awareness provided to case study participants existed in all of these curricular areas, with the exception of math.

Health, Social Studies, and Language Arts were referred to consistently within the context of all three areas: interviews, interview scenarios, and case study conversations. An objective by objective analysis from all available curriculum documents in these subject areas from kindergarten to senior high school revealed that the knowledge and recommendation did have validity. When these objectives were coded as dichotomous choices of academic content-based objectives compared to objectives that fall under

Table 11

Specific Subject Links Cited in Interviews, Scenario Responses, and Case Study

Conversations	Interviews	Scenarios	Case study conversations
Art	No	Yes	Yes
Careers	No	No	Yes
Health	Yes	Yes	Yes
Language	Yes	Yes	Yes
Math	No	Yes	No
Religion	Yes	Yes	No
Social Studies	Yes	Yes	Yes
Technology	No	Yes	No

social skills and emotional awareness skills as defined in this study, an evident pattern emerged. Academic objectives were far more prominent than social/emotional-related objectives; almost every course was coded as solely academic at the senior high level, with career development, health, and English language arts having had the greatest emphasis on social emotional-related specific outcomes. See Appendix I for a comprehensive listing of course curricula analyzed within this study.

Typical Profile Summary: Social Skills and Emotional Awareness

Overall, the typical interview participant believed that emotional awareness is part of the provincially mandated curriculum but was less sure of the inclusion of social skills. Interview participants state that Health and Religion are the two most likely subject areas to find goals related to social skills and emotional awareness. All interview participants confirmed that teaching social skills can be part of an individualized curriculum for students with special needs, usually linked to students' program pathway or identification; most also indicate that the instruction of emotional awareness could also be part of this individualized curriculum--similar to areas included within a therapist relationship. More interview participants than not indicated they have taught social skills and emotional awareness as part of the provincial curriculum for the general education program, usually as an implicit part of a subject-specific curriculum, often Health, and almost all indicated they have taught social skills and emotional awareness to students with special needs. Interview participants who instructed social skills reported that typical social skills instruction occurs in special education classroom environments in small groups, whereas emotional awareness instruction typically occurred on an individual basis, and equally often in the regular classroom or the special education classroom. Social

skills and emotional awareness instruction typically happened through direct teaching, using discussion as the most common instructional technique for both, with scenarios as the most commonly used instructional material.

Summary

The roles and supports of teachers and therapists can be seen as having been positioned along a continuum. Teachers may choose to adopt a more therapeutic role in the classroom and position themselves closer to the role of a therapist, or they may deliberately maintain an academic focus. The participants in this study typically chose to position themselves along the continuum in a way that overlaps with the features of a therapist. Participants, however, did not report either training or practice within any specific model of therapeutic support. Although participants did not connect their professional therapeutic practices to a formal framework, it is clear that the strong majority of participants felt that teachers are appropriate professionals to provide some degree of range of therapeutic support (Hayes, 1995; Peter, 1998), and that classrooms and schools are appropriate context for the provision of such support (Jackson, 1997; Glasser, 1990). Participants clearly comprehend their central influence on the social, emotional and behavioural needs of students in their care. They also acknowledge the need for local and interagency referrals and supports when issues are perceived as beyond their professional boundaries in meeting the personal needs found in classrooms (Hobbs, 1978; Morse, 1992). The typical participant in the study provided support that is typically neither formal, planned, systemic nor necessarily proactive. Typical participants may become engaged in a role similar to that of that of the psychoeducator who listens and supports students to assist in their social, emotional and behavioural development

(Nichols, 1998).

According to the strongest themes in these participants' responses, a teacher can be defined, externally and internally, by actions and characteristics. Teachers have predominantly academic instructional roles, as well as roles in the social and emotional domains, among others. Teachers have been responsible for many tasks that are primarily the responsibility of other roles, predominantly those of parents and therapists. The role of therapists has been often described as an active one, comprised of external actions that help to delineate the professional role with two strong themes: helping and problem-solving. A majority of interview participants reported being approached about personal issues. Participants responded by providing help primarily by listening and talking together with students. Due to either a personal comfort level or a perception of obligation, participants may also have provided a formal referral, usually to a school-based guidance counsellor. Almost all interview participants believed they have taken on a role as a therapist in their teaching career, many with regularity. From the examples provided by interview participants, the overall profile of teachers acting as therapists for students in their classrooms was when teachers initiated incidental interactions with students focused on a personal issue and maintained it at an individual level.

Teachers believed that positive student-teacher relationships are related to positive student learning and that negative relationships have negative outcomes. Interview participants suggested that forging a bond with students typically has helped to create positive relationships. Key words describing relationships with students related regularly to the internal characteristics of caring and trusting. Interview participants' relationships were extremely important to students specifically when additional attention

was needed in the context of a continuing relationship. Evidence for the importance of the relationship was most often indicated through continued student-teacher contact. A focus on the teacher's role in constructing the environment needed for social, emotional, and behavioural growth was prominent.

Almost all interview participants believed that the instruction of social skills is part of the role of both the schools and teachers, and most believed the same for emotional awareness. Those who do not perceive this role as currently present believed it should exist. The strongest specific theme that emerged in interview participants' responses to their role in the social, emotional, and behavioural growth of students was in the area of direct teaching related to perceived social, emotional, and behavioural needs. More interview participants than not indicated they have taught social skills and emotional awareness as part of the provincial curriculum for the general education program, usually as an implicit part of a subject-specific curriculum, often Health. Almost all indicated they have taught social skills and emotional awareness to students with special needs. Interview participants reported that emotional awareness is part of the provincially mandated curriculum but are less sure of the inclusion of social skills. Overall, they believed that such topics are likely found within the health and religion provincial curricula. All interview participants confirmed that teaching social skills can be part of an individualized curriculum for students with special needs, usually linked to students' program pathway or identification. Most also indicated that the instruction of emotional awareness can also be part of this individualized curriculum. Interview participants who have taught social skills reported that typically social skills instruction takes place in special education classroom environments in small groups, whereas

emotional awareness instruction occurs individually either in the regular classroom or the special education classroom. Social skills and emotional awareness instruction typically have taken place through direct teaching, using discussion as the most common instructional technique and scenarios as the most commonly used instructional material.

Although teachers and therapists may have had common goals for students in their care, these goals may be reached through varying professional techniques:

Teachers unlock doors to learning that enable students to experience academic success, which increases self-esteem. Therapists open emotional doors to free children to better understand and cope with their feelings, which lead to more appropriate classroom behaviours. Teachers and therapists work together to reinforce success. (Bauer & Balus, 1995, p. 27)

Participants in this study typically demonstrated that the support of teachers traverses the traditional academic role that Bauer and Balus depicted. Figure One summarizes the results of Chapter Four with a visual representation of the main components of adopting the role of a therapist while in the role of a teacher: 1) belief in the importance of student-teacher relationships; 2) reports of being approached by students regarding personal issues; 3) instruction of social skills and emotional awareness; and 4) belief that health, religion, and individualized curricula provide instructional vehicles. These initial beliefs and practices converge on the typical supports that participants in this study have provided in their daily practice to support the social,

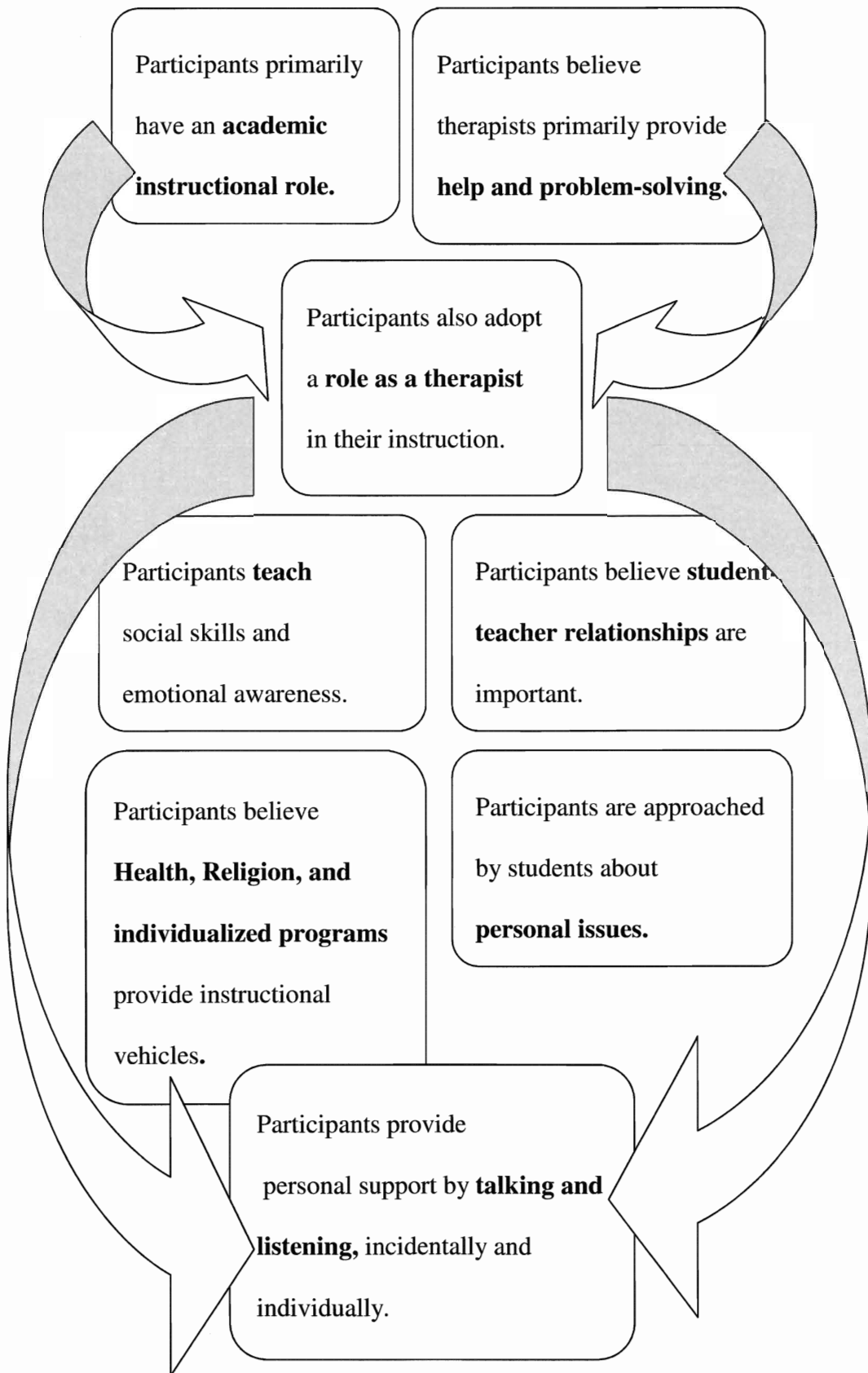


Figure 1. The therapist approach to instruction.

emotional, and behavioural needs of their students: When incidental issues emerged which demanded personal support, they provided such support by listening to their students and talking with them on an individual basis.

CHAPTER FIVE: DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS

The major purpose of this study is to discover if teachers were adopting a role as a therapist. Overwhelmingly, the findings presented in Chapter Four indicate that this indeed is so for the participants in this study. This research clearly demonstrates that within the context of this study participants regularly supplement their mandated instructional role by adopting a therapeutic role. It is important to consider similarities and differences between academic and therapeutic roles as they are implemented in school-based practice. Consideration needs to be given to the potential expansion of the legislated role of the teacher to include these essential roles for instruction to all students, including those with special needs. Such a therapeutic role also necessitates the inclusion of appropriate boundaries and limitations. Subsequently to such role change, the provision of appropriate professional development could be considered as one support to teachers adopting a therapeutic role within their instructional approach. This may include a framework to develop supportive conversational skills. In turn, professional and personal supports for teachers may be a consideration as a support in their efforts to provide personal support to students in the social, emotional and behavioural domains. The following discussion examines these issues and their implications for adopting a therapist role within a teaching role.

Limitations

Limitations to this research include the investigator-led interview, where the researcher is an active learner responsible for the voices of the research participants (Cresswell, 2007; LeCompte & Preissle, 1992). For example, Marshall and Rossman (1999) described some research as potentially biased by a significant “autobiographical

element” (p. 28) where noteworthy past experiences lead to specific research interests. LeCompe and Preissle added concerns about the role of researcher-as-instrument, including the awareness that the stance, persona, standpoint and biases of the investigator can influence data obtained from the involved participants. Throughout this research, however, attempts have been made to both be aware of these issues, and to minimize their potential effects. For example, in both the analysis and presentation of data, the focus remained firmly on the voices of the participants in this study. To ascertain this focus, participants were asked to review both transcriptions of their responses and drafts of aggregated results for accuracy and possible elaboration.

The nature of participant selection, based on a sample of volunteer participants within the solitary and distinct provincial jurisdiction of Newfoundland and Labrador grounded in provincial educational policy and procedure can also be considered a limitation (Government of Newfoundland and Labrador, 2004a; Isaac & Michael, 1997). A combination of the strong provincial interagency model for student support and the overall low population density can be considered atypical when compared with urban settings with greater access to related support services. In turn, the significant rural setting of this research may have led participants to assume greater therapeutic roles with students than is typical, within the framework of already imprecise understandings of therapy and therapists (Government of Newfoundland and Labrador, 1998, 2007; Philpott, 2003; Timmons & Smith, 2003). The use of volunteer participants in itself can be considered a biased sample, “that is not representative of the population to which the results will be generalized” (Bieger & Gerlack, 1996, p. 98). For example, results may be biased towards participants interested in—and confirming towards—the topic presented.

Further, within the group of volunteer interview participants, there is a strong predominance (80%) of participants with special educational-based role responsibilities (Table 1). This demographic may imply that the prevailing paradigm of this research is potentially biased towards practices found within a special educator role, or the perspectives of those who choose special education vocations.

All initial interview participants were volunteers, and all case study participants were self-selected from a volunteer group within this initial group of interview participants (Kemper et al., 2003; Mertens & McLaughlin, 2004). In addition, the participant sample groups are limited to small samples--20 interview participants and 4 case study participants--from within a limited population base, in turn limiting the generalization of these results (Glesne, 2006). From within this group of 4 case study participants, most case study participants infrequently submitted detailed narratives and 1 participant did not complete the full length of the expected time commitment to the case study due to changes in geographical locale and employment status as well as family illness. Lastly, a further limitation is the acceptance of participants' reporting of both attitudes and practice as a informed underlying basis for research data.

Implications

Although the roles of teachers and therapists can be envisioned along a single continuum with some overlapping features amongst these dual helping professions, some significant differences exist in how services are provided.

How Teachers Differ from Therapists in This Study

Participants in this study report that their therapeutic interventions are isolated typically within the school context, often arise informally, sometimes cycle with the

demands of the school year, and—at times—differ in intensity. Participants are approached frequently by students for personal support. They also shared that school-based professional supports (e.g. school-based guidance counsellors, school administrators) are in turn available for the provision of social, emotional, and behavioural support.

Paradoxically, some participants reflected that such referrals can work to hinder the development of the social, emotional, and behavioural support provided by teachers due to confidentiality issues. Teachers may refer personal issues to school guidance counsellors after providing first-response support directly with students. Following such referrals, guidance counsellors may provide continuing intervention, but details of any intervention, due to confidentiality issues, may not be then reciprocated to the referring personnel. One paradox is that referring teachers may then believe that further support from themselves in a teaching role might be inappropriate or unwarranted. A further paradox is the consistent message of the importance of student-teacher relationship development and social and emotional skill-building, yet participants report no formal training in these areas. Thus, although the therapist role and the teacher role are not equivalent, both may support the personal needs of students. Teachers seek out such personal involvement or have encountered it inadvertently. In either case, a timely response to expressed needs remains critical.

A Can of Worms

A majority of teachers in this study report being approached about personal issues. For example, one participant shared a classroom-based discussion derived directly from provided curricular instructional materials that quickly extended beyond academic

needs and became extremely personal. This situation exemplifies a potential need for teachers to be prepared to respond to students' personal issues. According to this participant, "It opened up a can of worms." Teacher-student personal discussions are not uncommon in this study, teachers are often willing partners in them, and they wonder if addressing academics concerns could truly commenced if personal needs are left unfulfilled. These teachers believe that they need to ensure that students are prepared to learn both academics within formal curricular expectations curriculum as well as values such as life skills, citizenship, wellness, grief, and stress management. One participant explained that students need to deal with personal issues, have someone to rely on, and knowledge of how to cope with personal problems before the formal curriculum can be approached. From this perspective, teachers are taking the time to offer personal support to students, not only through these commonly arising incidental discussions but also by building caring and trusting relationships in a deliberate manner. However, they are not taught such skills deliberately. As one participant in Açıköz's (2005) study on teacher characteristics recommended, a course teaching teachers "how to be nice" would be appropriate. The needs of these participants go far beyond "being nice." They already understand the value of relationships but are attempting to build student-teacher relationships perhaps without the formal appropriate skills or knowledge of how this might be implemented.

Parallel issues are gaining attention in the mainstream media (Izenberg, 2007). In a discussion about the role of therapy in the classroom, Mendlowitz noted that, "If you're going to open a wound, you need to know what to do with it," and the author further warned that, "Teachers aren't necessarily equipped to navigate the raw territory that kids

could get into” (cited in Izenberg, p. 35). Building a relationship may open the door to personal involvement beyond academics, but it is unpredictable what might emerge from behind that open door. Martin, Romas, Medford, Leffert, and Hatcher (2006) supported this assertion. When they examined the helping qualities that adolescents prefer in adults, they expressed that the qualities of adults in relationships that are not therapeutic will generalize to therapeutic relationships. In other words, the authors believed there is likely a commonality between helping qualities in different adult roles. Once student-teacher relationships are formed, further issues can emerge within those trusting, caring relationships, perhaps more so in areas where limited resources exist within and beyond the school setting. Those who are teachers with an inclination towards helping professions can be drawn directly or indirectly towards adopting a role as a therapist with their students, an extension beyond the formal teacher role in the provincial context of this research (i.e., Newfoundland and Labrador). However, similar data might be found in other provinces within Canada.

Policy Context

In Newfoundland and Labrador, a fundamental commitment outlined by the Department of Education is “to foster intellectual, moral, social, emotional, and physical development” (Government of Newfoundland and Labrador, 2004d, p. 4); its formal mission statement emphasizes personal growth and value development (Government of Newfoundland and Labrador, 2006), and personal development is part of the provincial philosophy and mandate. Conversely, a corresponding focus beyond “promoting goals and standards applicable to the provision of education” (Tucker, 1997, p. 19) is not emphasized in the instructional role of teachers, which calls attention to other duties that

include general instruction, evaluation, reporting, and discipline (Tucker). The context of this research is based in provincial policy and practice exclusively in Newfoundland and Labrador, and its results may have special significance for future research on such policy and practice, perhaps even more so in the area of special education. In the east-coast Canadian province of Newfoundland and Labrador, special education services for children and youth were described as comprehensive, well financed, and well resourced (Timmons & Smith, 2003). In the school year immediately preceding this research, the province provided funding for 600 full-time equivalent special education teachers out of approximately 6,000 full-time equivalent teachers. Just over 15% of students, or approximately 12,000, were reported as utilizing student support services (Government of Newfoundland and Labrador, 2004b). To meet the needs of children and youth, the Newfoundland and Labrador government developed and implemented a model of special education services. This model was described as reflective of global influences such as an interagency approach, inclusive language, and the legislated safeguarding of services (Philpott, 2003) and as corresponding with current trends in special education philosophy and practice, such as equal opportunity, collaborative decision-making, and inclusion (Philpott, 2002).

For teachers offering special education services, Newfoundland and Labrador's *Special Education Policy Manual Draft* (1999) is an example of a provincial mandate where special education teachers assume a focus on children with exceptionalities within the mandate and role of a generalist teacher. As part of the role and responsibilities of the "resource-consulting" special education teacher, such professionals may provide both direct instruction and consultative assistance services to regular classroom teachers (Idol

& Baran, 1992). Special education teachers, in this latter model, may instruct in a special education setting, but also have worked towards integrating children into the general education setting. They may assist classroom teachers solve problems involving students with special needs, assist parents by sharing information and helping with home-based academic and behavioural interventions, and assess, observe, monitor, assist in decision-making, and modify programming for students with special needs. Quinn and Cowie (1995) provided an inclusive comparison between special education roles and counselling professionals. They summarized that both of these professional areas are helping focused, and share a significant emotional context. Despite similarities between counselling and education, professional preparation has varied, with--according to participants--a notable lack of counselling-related skills within preservice education in Newfoundland and Labrador.

A Professional Development Framework

Participants make it apparent that they provided front-line supports more consistently than referrals, attempting therapeutic interventions in the school environment. Yet, as teacher candidates, they are provided with preservice education that focuses on curriculum and instruction and provides very little information focused on social, emotional, and behavioural supports. In other words, there is a significant mismatch between the level of personal supports teachers provided and professional preparation for this assumed responsibility. According to Lechtenberger et al. (2008), a mismatch between the realities of the classroom and preservice training has been similarly lacking in children's mental health issues.

Dwairy (2005) proposed a basic framework for verbal conversation with children as an example of a basic framework to help teachers guide their initial responses, having observed that, “despite all the time spent talking to children and directing them, only a few studies provide instructions on how to listen to children and how to encourage them to think and describe their own personal skills” (p. 144). Dwairy suggested a problem solving conversation model built upon multiple theoretical bases, including Ellis’s behavioural rational emotive theory and Rogerian humanistic principles. It focused on interviewing skills to build a climate for all partners--parents, teachers, clinicians, and students--that works towards insightful change. It consists of directive yet flexible steps intended for both teachers and counsellors on simply problem-focused conversational management and is intended for diverse issues and ages in individual or group settings. It begins with rapport and understanding and ends with follow-up. This model is intended as a process for ongoing engagement among many partners including parents and a range of professionals who are supporting children in exploring their emotions and their behaviours. Such a framework and related training could be considered beneficial as a basic baseline of skills for some preservice and in-service professionals who will be in positions to provide social, emotional, and behavioural supports and instruction.

Consistency in skills may help to minimize gaps in knowledge and comfort level in potential therapeutic interactions between teachers and students. Such skills could potentially help to assist teachers to discriminate between truth and falsehood as a part of personal disclosures. In addition to the initial foundation of professional development, interventions that demand ongoing support and continued instruction to build specified social, emotional, and behavioural skills may incorporate the support of clinicians. In the

case where such intervention is being provided by more than one organization, common goals should be ensured, with the continued support of clinicians to guide the direction of individual curriculum development and instruction. Informal supports, referrals, and instruction of skills could be invalidated without a strong foundation of basic skills, resulting in inappropriately matched interventions to the detriment of other, more needy students.

A Price to Pay: Possible Consequences of Inadequate Preparation

According to some participants in this research, there may be detrimental effects on educators if what are perceived as untrained and undersupported teachers have been assuming therapeutic roles in the instructional environment, especially when they support students with severe, pervasive emotional and/or behavioural disorders. Personal support for educators supporting students with extreme needs may be necessary. Participants in this study suggested assistance such as collegial support, a safe place for debriefing, and a shoulder to cry on when necessary. Educators who expect to take on these roles as part of their instructional practice may need not only education and specific skill development, but also other professionals ready to provide a listening ear and conversational support. This collegial support could be developed into a formal expectation for school administrators supervising staff supporting students with emotional and/or behavioural disorders.

Unions or professional colleges may wish to express an opinion in the interest of teacher support when implementing therapeutic supports (Smith, 2007). Powell, who manages social work services in an Ontario school board, was referenced one example of recent Ontario media attention regarding the role of schools beyond academics. He

reflected that historically school-based practice has had the role of connecting families to services but are now being asked to provide more support, especially focused on mental health issues: “But that was never meant to be our role. We were never meant to support some of those kids who have attendance, behaviour and social-emotional problems that were interfering with their academics” (Davy, 2008). Another recent example in an Ontario school board which illustrated why professional safeguarding may be necessary (Mitchell, 2007). At the time of this writing, a high school special education teacher was facing sexually-based criminal charges for what was described by her and the student as emotional support. The student was reported as taking some responsibility for the situation: “I probably shouldn't have text messaged her but I was going through a rough time I needed help and she was the only person there to listen to me,” and “I would have dropped out of school if it wasn't for her” (Mitchell). This situation, described by Smith as an emotional high-wire act, clearly demonstrates that negative repercussions are possible for teachers who provide support for personal issues.

Beyond students with atypically elevated needs, adopting a therapeutic role with any students can be wearying, according to some participants in this study. Participants in this study express the effects of potentially being expected to take on a therapeutic role constantly and consistently. They report being concerned that the energy and commitment necessary for addressing personal issues ebbed and flowed during the school year, as have natural ups-and-downs in student-teacher relationships. Even for teachers who directly teach social, emotional, and behavioural skills as part of a deliberate alternate curriculum, and for those who embrace a therapeutic approach, some boundaries could be established for therapeutic interventions in school-based practice. For example,

limitations to intensity and time that educators realistically can provide may need to be considered. The personal comfort levels of individual educators may need to be taken into account, and teachers perhaps could to be given some choice and flexibility in the provision of supports for personal issues. While providing therapeutic supports to students, teachers may need to obtain or maintain the consistent opportunity to refer issues to other professionals. Lechtenberger et al. (2008) advocated that on-site school-based mental health resource personnel would be a benefit not only to students and families, but for teachers and school staff, in order to avoid “professional burnout.”

Setting the Boundaries

Boundaries could also be incorporated for specific situations that may not have had a clear legislated direction, unlike--for example--the strong guidelines provided for child protection issues. For example, if students disclose that they are grieving, if, how, and when should the teacher confidante disclose this information, and to whom? If students share with a teacher that they are having parental problems, should that student's parents be notified? If so, at what point? Further, should there be parental or professional disclosure about even the existence of such a therapeutic relationship where such disclosures may occur? Again, at what point? The Canadian Psychiatric Research Foundation in Ottawa has recently published such a guide for one segment of our school populations--students with mental health issues (Mounstevan, 2007). *When Something is Wrong*, another example of a Canadian-based publication that has depicted an understanding and support for the role of therapeutic role of teachers: “Teachers are not expected to be diagnosticians but it is helpful if they can understand some of the moods or behaviours that can stem from mental disorders” (Hill cited in Mounstevan, p. 1). The

development of such resources on a wider scale along with these issues and boundaries could be considered when developing a plan to include a therapist approach to instruction in the formal role of the teacher, as outlined in the following section.

Changing the Structure

According to the Mission Statement of Newfoundland and Labrador's *Program of Studies* (Government of Newfoundland and Labrador, 2006), a provincial education will accomplish the following goal: "To enable and encourage every individual to acquire, through lifelong learning, the knowledge, skills, and values necessary for personal growth and the development of society" (p. 2). The Department of Education also outlined the goals which focus on service collaboration, professional emphases, and policy direction leading towards societal improvement. Another emphasis includes goals that underlie individual student growth, including student-specific supports that assist in the development of individual potential. Student growth is valued and emphasized, including the development of social, emotional, and moral maturity, as well as intellectual growth throughout the lifespan. These expectations, however, are not prominent in the provincial role of the teacher which focuses on instructing prescribed curriculum, evaluating and reporting on student progress, and preserving order and discipline (Government of Newfoundland and Labrador, 2004d; Tucker, 1997). This teacher role could be expanded formally to include a focus on instruction to include the above goals. A solid rationale for the inclusion of therapeutic principles in teacher training would be then in place, as well as an argument for greater consistency in professional skills and approaches in such interventions, rather than a reliance on teachers' comfort and incidentally gained skills transferred to the teaching role. When a role expansion is

implemented, environmental practicalities must then be considered, such as physical space for therapeutic support as needed--which may simply be a process of outlining the referral process to provide further support--as well as time for this role to be implemented.

Taking into account the context of special education is a further consideration when examining the implication of the possible redefinition of the role of teacher in Newfoundland and Labrador. It is important to also examine the more detailed roles of teachers in special education, such as that presented in the provincial document entitled, *Roles of Education Personnel in the Delivery of Service to Students with Special Needs* (Government of Newfoundland and Labrador, n.d.). For students with special needs, the role of education personnel is extremely detailed, but framed in the language of support:

It is an expectation that all staff in a school ensure that learning takes place in a safe, respectful, caring environment. It is the responsibility of each member of the *Individual Support Services Plan (ISSP)* team to be committed to developing and maintaining the psychological well being of children and youth. (para. 1)

However, in the detailed role descriptions provided within this document for a range of educational personnel, such as classroom teachers and special education teachers, no information is similarly provided about how such environments can be developed or how psychological well-being can be promoted by school staff. Within the current societal trend towards inclusion, the roles of the special education teacher and the classroom teacher should be more convergent.

Role expansion refers to the educational, conceptual, and administrative adjustments that must occur to support transdisciplinary practice. In terms of

education (staff training), role expansion implies an ongoing formal and informal instructional process through which team members elaborate their theoretical knowledge across disciplinary boundaries [T]he result is the development of a common vocabulary, an expanded repertoire of theoretical constructs, and an implied capacity for the team to generate multiple hypotheses and integrated interventions. (Government of Newfoundland and Labrador, n.d., para. 24)

To support this role already informally in place, the following further suggestions could be implemented to support educators and elevate its status beyond the hidden curriculum of instruction.

Further Suggestions to Consider

The formal role of teachers could be expanded to align with the provincial Essential Graduation Learnings and the Mission Statement of Newfoundland and Labrador's Department of Education, as summarized earlier in this document. By formally recognizing the therapeutic role and personal situations which teachers may encounter and embrace, formal support will in turn be a likely requirement. Included in this role may be a description of the varied tenets of the role of a therapist embedded in the role of a teacher, including facilitation of relationships, intervention in personal issues, and instruction of social, emotional, and behavioural skills. While this role should be detailed, limitations in time and intensity should also be emphasized. For example, this approach should be understood to have implicit limitations in duration and intensity. In other words, it could be understood that teachers retain the independent option to choose the length and intensity of personal involvement dependent on the situation, their comfort level, and any legislated procedures or related policies.

Teachers may also recognize and implement their own limitations according to individual judgement of their personal abilities to support the personal needs of students within their time, skills, and comfort level. To facilitate referrals that often follow support, consistent and efficient referral mechanisms should be considered, with the inclusion of social, emotional, and behavioural issues that teachers may encounter. Perhaps an inclusive document that describes personal situations, appropriate school-based, school board, and community professionals for referral, and mechanisms for such referral could be developed. Again, such knowledge of existing teacher supports can be considered essential in creating comfort in the therapeutic role. It follows that, in addition to the existence of collegial support, administrative support should also be in place. Collegially, teachers may need to request advice or share situations with other professionals to obtain professional support while supporting the social, emotional, and behavioural needs of students. Administrators may need to consider the provision of time and space for such personal support as well as any ethical considerations that may arise when balancing this model of therapeutic support with ethical considerations and the demands of other related educational bodies, such as professional unions, colleges, or postsecondary providers of preservice teacher education.

To further support teachers in a formal adoption of a therapeutic role, a framework for providing supports may also be desirable. For instance, as therapeutic roles are typically comprised of talking and listening to students' personal issues, a framework for effective supportive conversational skills could be developed. As well, appropriate education in developing effective professional skills is a consideration, including skills in the development of student-teacher relationships, the instruction of

social skills and emotional awareness, and the provision of how to provide effective discussions about personal issues. In summary, the following specific elements could be included as basic preparation for preservice teacher candidates. First, all preservice teacher candidates could be trained to examine and reflect on the professional and personal characteristics personally brought to their teaching role, consider their views and skills in supporting the social, emotional and behavioural needs of students, and how these characteristics could assist in the development of positive, caring and trusting student-teacher relationships (Açıkgöz, 2005). Preservice teachers could be then educated in basic conversational skills, active listening skills, and the emotional stability to support the inevitable, front-line shared social, emotional and behavioural needs of students. Some skills which could be included those which Dwairy (2005) describes; for example, verbal conversational skills, conversation management, encouragement, listening and problem-solving. Preservice teachers should be aware of these basic, essential skills and be able to effectively implement their use. Next, teachers could be provided with a range of scenarios, as well as appropriate responses and professional boundaries within school-based practice, which could most effectively be supported through training within a specific therapeutic model, such as teachers as psychoeducators (Nichols, 1980) within an ecological framework for practice (Hobbs, 1978). Teacher candidates need to be aware of their mandated professional role, which interventions are beyond the professional role of a teacher, and the ethical implications of their decisions. This could include education related to a print resource which could provide a decision-making model for acceptable responses to the personal needs of students in the classroom and school environment. In addition, teacher candidates need to be educated on the referral and support processes

inherent to school boards, both internal and interagency, as well as when referrals are appropriate. Finally, preservice teachers need to be made aware of the personal and professional supports available to provide emotional and conversational supports to teachers when they are in turn providing support for student needs, as described above. It is important to remember that such new initiatives should be placed within the context of provincial professional, legislation, policy and practice and to be extended with the framework of in-service professional development for currently practicing professional teachers.

Future Research

This research should be replicated using specific groups of special education teachers and classroom teachers. As well, comparisons of practices at varying grade levels or divisions, a teacher sample compared to a therapist sample, including deliberate comparisons between profiles of different groups of students to help respond to the potential secondary research question that was not addressed in this study: “Are there differences between special education teachers and classroom teachers or between different groups of students?” In addition, research questions must be addressed to parents and/or students as well as professional partners, such as school-based guidance counsellors, school administrators, child and youth workers, social workers, and educational assistants, in order to obtain a full understanding of this issue from multiple perspectives.

Given the findings of this study that teachers provide therapeutic support, more specific information is needed about the demographics and characteristics of those who provide such support and how it is provided in the day-to-day context of schools at

various academic levels. Future research should thus be implemented within a broader scale, including a larger population and sample, including various grade levels, teacher experiences, and gender, to determine the nature of therapeutic roles beyond the specific context of this research. Additionally, study of the potential predisposition of teacher candidates towards the use of therapeutic support that may be brought into the teaching profession could be carried out to determine the roots of the willingness to adopt such a role as well as issues that affect the ability to adopt a therapeutic role.

There should be a greater understanding of the skills that are needed for this therapeutic role and how related professional development needs to be implemented, including a discussion of whether such education should be at the teacher candidacy and/or in-service levels. Further discussion could include consideration as to the potential role of such skills as criteria for admission to professional teaching programs. The ethical issues surrounding the implementation of a therapeutic role could be carefully examined from multiple points of view, including those of professionals, administrators, school boards, departments of education, teacher certification bodies, and union representatives across the country.

An examination of board manuals related to various role definitions should be undertaken to see if specific recommendations exist in local policies and, if so, how such procedures address these issues would provide further data to support this descriptive study. Direct observation of professionals who describe themselves as using a therapist approach to instruction within the typology provided by this research will assist in obtaining a better understanding of this issue.

As well, the perspective of teacher unions would be an interesting addition. It

would be helpful to examine this research interprovincially to explore whether the therapeutic approach to instruction has any relationship with a more detailed professional teaching role, such as those found in jurisdictions with a College of Teachers, such as Ontario's *Ethical Standards* or *Standards of Practice for the Teaching Profession* (Ontario College of Teachers, 2007), as well as with a larger, more diverse sample.

Closing Comments

This multimethods descriptive study utilizes data from 20 interview participants and 4 case study participants to construct a significant understanding of the perceptions and practices of Newfoundland and Labrador-based teachers in the adoption of the role of a therapist within the role of a teacher. Five primary research questions are addressed: if participants were using a therapist approach to instruction; if they believe they are adopting a therapeutic role in the classroom; their beliefs regarding student-teacher relationships; interventions that are provided for social, emotional, and behaviour issues; and finally, their instruction of social, emotional and behavioural skills. This research finds that participants had a primary academic instructional role but also adopt a therapist role. They express beliefs in the importance of student-teacher relationships. They are approached by students regarding personal issues, for which they provide individual support by talking and listening. They also teach social skills and emotional awareness and express an understanding that Health, Religion, and individualized programs provide appropriate instructional vehicles.

This research has particular significance in the development of an understanding of how the participants in this study perceived and practiced the application of therapeutic interventions. Such significance includes suggestions for a potential impact

on the understanding of the instructional role of the teacher, the place of social, emotional, and behavioural goals within the curriculum, and the occurrence and support of students' personal issues that have arisen in the school environment. This study describes the intertwined issues of students' needs in the social, emotional, and behavioural realm and how teachers respond to the issues as they arise in the classrooms and school communities. As our classrooms and schools are equally entwined in diversity and inclusion, it is increasingly important to consider, comprehend, and appreciate how teachers are supporting such critical personal needs of the students in our schools.

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Appendix A

Definition of Terms

Term	Definition
Emotional awareness	The ability to identify and characterize one's own and others' feelings.
Ethnograph 5	Ethnograph 5 (Qualis Research Associates, 1998; Seidel, 2001) is a software tool to facilitate data analysis intended to assist researches to “ compile, organize, and manipulate , the things in your data that you find interesting” (Seidel, p. 3).
Guidance counsellor	School-based guidance counsellors in Newfoundland and Labrador are specialized professional teachers. Idol and Baran (1992) define guidance counselling in the elementary school as a complex role. Guidance counsellors develop therapeutic relationships, through which they provide a comprehensive program of guidance, including counselling, assessment, and advocacy. Through collaboration and planning, they co-ordinate student resources and programs, including those for students with exceptionalities.

(appendix continues)

Term	Definition
Model for co-ordination of services to children and youth	An overarching interagency model for provincial service provision that “promotes increased collaboration among government departments and service providers, and has established cross-disciplinary planning as the mechanism for meeting the needs of individual children or youth” (Timmons & Smith, 2003, p. 166).

(appendix continues)

Term	Definition
Pathways	<p>The optional educational component of the ISSP. It includes five pathways towards graduation:</p> <p>Pathway 1: Provincially approved curriculum.</p> <p>Pathway 2: Provincially approved curriculum, along with the additional provision of supports and accommodations.</p> <p>Pathway 3: Provincially approved curriculum, with additions, deletions, or modifications to less than 50% of provincial course outcomes.</p> <p>Pathway 4: Pathway 4 courses are alternate courses for students with identified exceptionalities. Such alternate courses can be three types: <i>enabling</i>, or developing various skills not included in provincial curriculum but needed by an individual student to access a provincial academic curriculum; <i>prerequisite</i>, to develop individual basic learning skills, again with the overall goal of meeting provincial outcomes; or <i>academic</i>, to meet individual academic needs reflective of provincial academic goals, but with greater than 50% of the provincially approved course outcomes modified (Government of Newfoundland and Labrador 1998, 2003).</p>

(appendix continues)

Term	Definition
Social skills	<p>Pathway 5: Pathway 5 is a wholly alternate curriculum composed of eight domains of learning, only one of which has a focus on functional academic skills. The remaining domains include functional communication skills, functional decision making skills, functional living skills, social skills, sexuality, self-concept/self-esteem, and nonscheduled time usage. Pathway 5 is appropriate only for a moderately, severely, or profoundly globally delayed child or youth (Government of Newfoundland and Labrador, 1997, 2003).</p>
Special education teacher	<p>Appropriate social skills can be defined as specific behaviours that facilitate interaction with others.</p> <p>Special education teachers may be assigned to various roles, or a combination of roles, to instruct students identified with exceptionalities. Special education teachers are classified more specifically as one of the following types.</p>
Categorical special education teachers	<p>Assigned to support students deemed to have severe needs and are approved through a complex written submission to the provincial department of education.</p>

(appendix continues)

Term	Definition
Itinerant special education teachers	Special education teachers who have responsibility for more than one school setting, typically within a single specialty area.
Noncategorical special education teachers	Assigned to instruct any students identified with special educational needs.
Teacher	A professional focusing on instructing prescribed curriculum, evaluating and reporting on student progress, and preserving order and discipline (Tucker, 1997). This role often refers to a classroom teacher responsible for a specific group of students. In Newfoundland and Labrador, primary teachers have responsibility for grades kindergarten to 3, elementary teachers, grades 4 to 6, junior high teachers, grades 7 to 9, and senior high school teachers from grades 10 to 12.
Therapist	A professional role centered on the existence of a distinct relationship with the student that is focused on addressing unusual difficulties that arise in the area of emotions or behaviour.

(appendix continues)

Term	Definition
Therapist approach to instruction	The role of a teacher in addition to instructing the academic curriculum, with three main components: the importance of the teacher-student relationship; a focus on students' personal development of social, emotional, and behavioural skills; and the direct instruction of social, emotional, and behavioural skills.

Appendix B

Research Ethics Board Approval



Brock University	
Senate Research Ethics Board	Extensions 3943/3035, Room AS 302
DATE:	January 26, 2004
FROM:	Joe Engemann, Chair Senate Research Ethics Board (REB)
TO:	Don Dworacz, Education Kimberly Maich
FILE:	03-048 Maich
TITLE:	Teachers as Therapists

The Brock University Research Ethics Board has reviewed the above research proposal.

DECISION: Accepted as Clarified

This project has been approved for the period of **January 26, 2004** to **December 31, 2004** subject to full REB ratification at the Research Ethics Board's next scheduled meeting. The approval may be extended upon request. *The study may now proceed.*

Please note that the Research Ethics Board (REB) requires that you adhere to the protocol as last reviewed and approved by the REB. The Board must approve any modifications before they can be implemented. If you wish to modify your research project, please refer to www.BrockU.CA/researchservices/forms.html to complete the appropriate form *REB-03 (2001) Request for Clearance of a Revision or Modification to an Ongoing Application*.

Adverse or unexpected events must be reported to the REB as soon as possible with an indication of how these events affect, in the view of the Principal Investigator, the safety of the participants and the continuation of the protocol.

If research participants are in the care of a health facility, at a school, or other institution or community organization, it is the responsibility of the Principal Investigator to ensure that the ethical guidelines and approvals of these facilities or institutions are obtained and filed with the REB prior to the initiation of any research protocols.

The Tri-Council Policy Statement requires that ongoing research be monitored. A Final Report is required for all projects, with the exception of undergraduate projects, upon completion of the project. Researchers with projects lasting more than one year are required to submit a Continuing Review Report annually. The Office of Research Services will contact you when this form *REB-02 (2001) Continuing Review/Final Report* is required.

Please quote your REB file number on all future correspondence.

Appendix C

Interview Script

Demographics

1. Could you please tell me your current teaching position?
2. What grade level are you currently teaching, or responsible for?
3. When considering all your past teaching experiences, what grade levels have you previously taught?
4. How many calendar years of teaching experience do you have, including the past year?
5. What is your current teaching certification?
6. What university programs have you completed?

Teacher as Therapist

1. How would you define “a teacher?”
2. How would you define “a therapist?”
3. In your teaching career, do you recall ever feeling like you were taking on a role of a therapist with a student? If yes, please tell me about an incident where you feel you have acted as a therapist for a student in your classroom.
4. When you consider the following definitions of “teacher” and “therapist,” do you feel you have ever taken on a role of a therapist with a student?

A **teacher** focuses on *instructing prescribed curriculum, evaluating and reporting on student progress, and preserving order and discipline.*

A **therapist** is centered on the existence of a *distinct relationship with the student that is focused on addressing unusual difficulties that arise in the area of emotions or behaviour.*

Instructional Approaches

1. What do you feel is the most important part of your instruction?
2. What do you feel is your role in the social, emotional and behavioural growth of students?
3. What three keywords would you use to describe your typical relationship with students?
4. How you feel that your relationship with students affects their learning?
5. Please tell me about such a time when you felt your relationship with (a) student(s) was extremely important to that student.
- 6A. Has a student ever approached you for support for extremely personal issues (such as parental problems, pregnancy, or suicidal thoughts)?
- 6B. Did you provide such support?
- 6C. If so, how did you provide support?
- 6D. Did you provide a referral?
- 6E. What decision-making processes do you follow in making choices about providing supports or referrals?

Teaching Social Skills and Emotional Awareness

1. Social Skills. Appropriate Social skills can be defined as specific behaviours that facilitate interaction with others.
- 1A. Do you believe that teaching social skills is part of the role of the schools?

1B. Do you believe that teaching social skills is part of the instructional role of teachers?

1C. What are important social skills that students should learn?

1D. Is teaching social skills part of a provincially mandated curriculum?

1E. Is teaching social skills part of an individualized curriculum for students with special needs?

1F. Have you ever taught social skills as part of a curriculum for the general education program? For students with special needs?

1G. If you do, please describe how you teach social skills.

2. Emotional Awareness. Emotional Awareness can be defined as the ability to identify and characterize their own and others' feelings.

2A. Do you believe that teaching emotional awareness is part of the role of the schools?

2B. Do you believe that teaching emotional awareness is part of the instructional role of teachers?

2C. What are important aspects of emotional awareness that students should learn?

2D. Is teaching emotional awareness of a provincially mandated curriculum?

2E. Is teaching emotional awareness part of an individualized curriculum for students with special needs?

2F. Have you ever taught emotional awareness as part of a curriculum for the general education program? For students with special needs?

2G. If so, please describe how you teach emotional awareness.

Student Characteristics and Interventions

These following five groups of students may benefit from instruction in social, emotional and behavioural areas.

1. Group 1 consists of typical classroom students, who are dealing with everyday social, emotional and behaviour issues within the classroom environment. A new teacher has an inclusive classroom with a wide range of what seem to be everyday social, emotional and behavioural issues, which no classroom situation can avoid, such as changes in classroom friendships. As this teacher's mentor, what advice would you give your new colleague in dealing with this situation? Can you describe a similar situation that you have experienced?

2. Group 2 consists of students experiencing intense but transitory needs in the social, emotional or behaviour domains, such as those coping with a family trauma. A new teacher has a student who has just found out she is moving across the country. The student's parents have asked the new teacher to approach this issue with their child, as they think the more their child talks about this situation, the better. As this teacher's mentor, what advice would you give your new colleague in dealing with this situation? Can you describe a similar situation that you have experienced?

3. Group 3 consists of students with severe medical conditions who have a resulting need for support in the social, emotional or behaviour domains. A new teacher has a student who is currently undergoing cancer treatments. This student is often very tearful or angry, and physical effects, like hair loss, are beginning to show. As this teacher's mentor, what advice would you give your new colleague in dealing with this situation? Can you describe a similar situation that you have experienced?

4. Group 4 consists of students with other general special educational needs, who struggle academically, and may also struggle with social, emotional, or behaviour issues. A new teacher has a student who struggles to pass his subjects in most academic areas. He or she has been told that this student also has very high needs in a number of areas that are not in your usual academic curriculum, especially in peer relationships. As this teacher's mentor, what advice would you give your new colleague in dealing with this situation? Can you describe a similar situation that you have experienced?

5. Group 5 consists of students with severe, pervasive emotional / behavioural disorders. A new teacher has a new student with special needs that are very obvious to that teacher, and to the students in the class, because of his verbal outbursts and physical aggression. As this teacher's mentor, what advice would you give your new colleague in dealing with this situation? Can you describe a similar situation that you have experienced?

Training

1. Do you have any post-secondary training specifically in therapy or counselling?

2A. Beyond university courses, please describe any professional training you have had in therapy, counselling, or the student-teacher relationship, perhaps as part of training, professional inservicing or conference attendance.

2B. If you have such training, in what way have you applied such training or knowledge in your classroom?

Follow-Up

1. If chosen, would you be willing to consider additional participation examining your instructional approach to the social, emotional and behavioural needs of the students in your classroom?

Appendix D

Data Analysis Steps in Ethnograph 5

Step	Explanation
1	Data from interview questions within individual <i>Microsoft Word</i> files were compiled and reproduced. Data from case study components were compiled using identifier codes* for five discrete scenarios**. Data from individual <i>Microsoft Word</i> documents were imported and reproduced into <i>Ethnograph 5</i> editor, reformatted in the Editor window, and saved Projects as noted in Step 2.
2	Discrete Projects were created in Ethnograph Editor. Data were coded using the Code a File function. Segments of text were coded using the Quick Code function. Emergent categories were then created within the Code Book and organized within the File Tree in a hierarchical manner using Parent and Child codes (categories and subcategories). Components of the initial interview File Tree were duplicated for each of four Discrete Projects, including all interview and case study components: initial interviews, interview scenarios, case study conversations, and case study narratives. The fifth Project entailed Document analysis, completed using dichotomous codes.
3	Individual coding reports were generated using Generate Output Feature and Search by Single Code functions. The searches were combined into individual documents, saved to Projects and printed using Print Data Files option. Final reports were generated as appropriate in the form of Segments, Frequencies, Summaries, and the relevant selected branch of the Code Book.

* Earlier information was compiled using Microsoft Word features; later components were compiled using the Identifier Codes feature in Ethnograph 5

** Refer to Appendix B

Appendix E

Taxonomy of the Therapist Approach to Instruction

1. Roles

a. Teacher Role

i. Internal

1. Role Diversity

- a. Parent
- b. Therapist
- c. Nurse
- d. Coach
- e. Doctor
- f. Lawyer
- g. Police Officer
- h. Spiritual Advisor
- i. Student
- j. Taxi Driver

ii. Personal Beliefs

b. External

i. Instructional Focus

- 1. Academic
- 2. Social
- 3. Emotional

4. Life/World
5. Behaviour
6. Esteem
7. Physical
8. Whole Child

ii. Action Descriptors

1. Model
2. Facilitate
3. Advocate
4. Comfort
5. Nurture
6. Support

c. Therapist Role

i. Action Descriptors

1. Help
2. Problem Solve
3. Facilitate
4. Advise
5. Nurture
6. Talk
7. Guide
8. Comfort

d. Teacher as Therapist

i. Role

1. Positive

a. Constant

b. Often

2. Negative

ii. Primary Examples

1. Initiator

a. Teacher

b. Student

2. Initiation Audience

a. Individual

b. Class-Wide

c. School-Wide

3. Initiation Progression

a. Consistent

b. Narrowed

c. Widened

4. Topics

a. Personal

b. Personal and Educational

c. Educational

d. Disciplinary

5. Instructional Context

- a. Incidental Conversations

- b. Formal Lessons

2. Instructional Approaches

- a. Most Important Part of Instruction

- i. Style

- 1. Diversity

- 2. Relationships

- 3. Concrete

- 4. Consistent

- 5. Child-Centered

- ii. Step

- 1. Preparations

- 2. Directions

- 3. Modelling

- b. Key Relationship Descriptors

- i. Internal

- 1. Understanding

- 2. Caring

- 3. Trusting

- 4. Perceptive

- 5. Relaxed

- 6. Friendly

- 7. Supportive

8. Comfortable

9. Sensitive

10. Pleasant

11. Positive

12. Honest

ii. External

1. Respect

2. Nurture

3. Inspiration

4. Listening

5. Expectations

6. Consistency

7. Firmness

8. Fairness

9. Responsibility

10. Humour

11. Fun

iii. Role Labels

1. Mentor

2. Assistant

3. Friend

c. Role in Social/Emotional/Behavioural Growth

i. Role Description

1. Absent

- a. Unsure

2. Present

- a. Types

- i. Beyond Role

- ii. Shared Role

1. Collegial, Parental, Consistency,
Support, Lack of Training

- b. Descriptors

- i. Important, Major, Large, Big, Critical,
Daily, Individual

- c. Instructional

- i. Direct

1. Incidental

- a. Perceived Need

- b. Regular Curriculum

- c. Disciplinary

2. Curriculum-Based

- a. Alternate Courses

- ii. Indirect

1. Environment/Relationship

- d. Relationship Affecting Learning

- i. Positive Relationship

1. Teacher

a. Instructional Behaviours

- i. Relationship Development
- ii. Environment
- iii. Enjoyment
- iv. Respect
- v. Encouragement, Setting Standards, Caring, Valuing

2. Student

a. Learning Behaviours

- i. Respect

b. Perceptions

- i. Comfort
- ii. Benefit, Trust
- iii. Belief, Concern, Warmth, Interest, Respect

3. Positive Student Effects

- a. Learning
- b. Effort
- c. Risk-Taking
- d. Participation, Motivation, Value

ii. Negative Relationship

1. Negative Effects on Student Learning

e. Example of Extreme Importance

i. Characteristics

1. Grade Level

- a. Senior High / Junior High
- b. Elementary

2. Subgroups of Students

- a. Special Needs
- b. “Broken Homes”
- c. Distrusting Communities, Social Issues

3. Specific Students

a. Context

i. Ongoing Relationships

- 1. Giving Attention
- 2. Behavioural Support
- 3. Monetary Assistance, Extracurricular
Activity, Basic Needs of Whole
Child

ii. Isolated Incidents

- 1. Physical Abuse / Formal Lesson

ii. Context

1. School

2. Community

- a. Existing Community Involvement
- b. Initiating Community Involvement

iii. Evidence of Importance of Relationships

1. Positive
2. Continued Contact
 - a. Positive Feedback
 - i. Parental
 - ii. Student
 - b. Colleagues
 - c. Student Success
 - d. Feeling of Appreciation
3. Negative
 - a. Inappropriate Attachment

f. Extremely Personal Issues

- i. Issues
 1. Suicide
 2. Parental Problems
 3. Pregnancy, Sexual Issues, Death
- ii. Support Provision
 1. Listening, Talking
 2. Problem Solving
 3. Referral Offers, Accompaniment
 4. Knowledge Provision
 5. Proactive Prevention
 6. Electronic, Phone Communication

7. Formal Evaluation
8. Parental Contact
9. Open Door Approach

iii. Referral Provision

1. Positive

- a. Formal Referrals
- b. Follow-Up
- c. Encouragement for Further Support
- d. Team Support
- e. Request Collegial Advice
- f. Systems Knowledge

2. Negative

- a. Student Unwillingness
- b. Gender/Rapport Issues

iv. Range of Professionals

1. School Guidance Counsellor
2. School Administration
3. Social Work, Child Protection, Police Services
4. Emergency Medical Services, Public Health, Educational Psychology, Speech Language Pathology

v. Referral Reasons

1. Obligation

- a. Real

- b. Perceived
 - 2. Personal Comfort
 - a. Self-Perceptions
 - 3. Role Boundaries
 - 4. Student Benefit
 - 5. Instinct
- 3. Instruction of Social Skills and Emotional Awareness
 - a. Roles
 - i. Role of Teachers
 - 1. Positive
 - 2. Negative
 - a. Should be
 - ii. Role of Schools
 - 1. Positive
 - 2. Negative
 - a. Should be
 - b. Important Skills
 - i. Social Skills (Baker, 2003)
 - 1. Perspective Taking
 - 2. Self Awareness
 - 3. Social Play
 - 4. Community Skills
 - 5. Friendships

- 6. Conversations
- 7. Critical Thinking
- 8. Greeting
- ii. Emotional Awareness
 - 1. Self-Regulation
 - 2. Empathy
 - 3. Conflict Management
- c. Government Curriculum
 - i. Social Skills
 - a. Inclusion
 - i. Negative
 - 1. Should be
 - ii. Positive
 - 1. Health
 - iii. Unsure
 - 2. Instructional Experience
 - a. Subject Specific
 - i. Health
 - ii. Religion
 - iii. Language Arts
 - b. Implicit
 - ii. Emotional Awareness
 - 1. Government

- a. Inclusion
 - i. Positive
 - 1. Primary Curriculum
 - 2. Elementary Curriculum
 - ii. Negative
 - 1. Should be
 - iii. Unsure
- 2. Instructional Experience
 - a. Subject Specific
 - i. Health
 - ii. Religion
 - iii. Social Studies
 - b. Implicit
- d. Individualized Curriculum
 - i. Social Skills
 - 1. Inclusion
 - a. Positive
 - 2. Rationale
 - a. Individual Needs
 - b. Individual Program
 - i. Pathway 5
 - ii. Pathway 4
 - c. Individual Identification

- i. Criteria E
 - ii. Criteria F
 - ii. Emotional Awareness
 - 1. Inclusion
 - a. Positive
 - b. Negative
 - 2. Rationale
 - a. Individual Program
 - i. Pathway 4
 - ii. Pathway 5
 - b. Individual Identification
 - i. Criteria C
- e. Instructional Strategies
 - i. Social Skills
 - 1. Audience
 - a. Small Group
 - b. Individual
 - c. Whole Class
 - 2. Environment
 - a. Special Education Classroom
 - 3. Materials
 - a. Scenarios
 - b. Books, Games

- c. Worksheets/Workbooks
- d. Chart Paper
- e. Forms/Framework

4. Instructional Type

a. Proactive

- i. Discussion
- ii. Role Play
- iii. Modelling
- iv. Practice
- v. Reading
- vi. Games
- vii. Writing
- viii. Drama

b. Reactive

- i. Observation
- ii. Report

ii. Emotional Awareness

1. Audience

- a. Individual
- b. Whole Class
- c. Small Group

2. Environment

- a. Special Education Classroom, Regular Classroom

- b. Wider School Environment

- 3. Materials

- a. Scenarios
 - b. Books
 - c. Commercial Programs, Videos
 - d. Framework, Blackboard, Puppets

- 4. Instructional Type

- a. Proactive
 - i. Discussion
 - ii. Reading
 - iii. Role Play
 - iv. Writing, Modelling
 - v. Drama, Games, Watching Videos
 - b. Reactive
 - i. Observation
 - ii. Report

Appendix F

Research Schedules

Proposed research schedule

Date	Step
January 2004 - June 2004	Pilot project completion.
July 2004	Proposal defence completion.
August 2004 - January 2005	Proposal revisions.
January 2005	Ethics consent obtained.
January 2005 - February 2005	Public advertisement for participants published.
February 2005	Phone interviews conducted.
March - June 2005	Interviews conducted.
February 2005 - August 2005	Data analysis completed.
September - December 2005	Final writing completed.

Actual research schedule

Date	Step
January 2004 - June 2004	Pilot project completed.
July 2004	Proposal defence completed.
August 2004 - February 2005	Proposal revisions completed and accepted.
February 2005	Ethical consent applied for and obtained from Brock University's Research Ethics Board: File #03-048
February – April 2005	Public advertisements for participants were published.
February - June 2005	Phone interviews were completed.
April - December 2005	Case study interviews were selected, contacted and completed.
February – December 2005	Interview transcriptions were completed.
December 2005 – August 2006	Case study transcriptions were completed.
December 2005 – December 2007	Continuing review ethical consent applied and obtained from Brock University's Research Ethics Board.
January 2006 – January 2006	Data analysis completed.
July 2007	First draft submitted to committee.
December 2006 – July 2008	Final writing completed.
July 2008	Draft approved by committee.

Appendix G

Case Study Conversations

Grand Tour Question

1. Please take me through the last two weeks of school, telling me about any social, emotional, or behaviour issues that arose in your classroom and how these issues were resolved.

Mini Tour Questions

1. Please reconstruct this experience in detail for me.
2. Please tell me the characteristics of the students needing your intervention.
3. What was this experience like for you?

Appendix H

Written Narrative Focus Areas

Participants were requested to write about:

1. Planned instruction of social, emotional or behaviour skills.
2. Objectives of this instruction.
3. How this instruction fits in with government mandated curriculum.
4. How this instruction fits in with individualized curriculum.
5. The characteristics of students needing this instruction.

Appendix I

Document Analysis Overview of Government Approved Specific Course Outcomes

Subject Area	Subject Area Outcomes*	Social, Emotional, Behavioural Outcomes*	Percentage of Social, Emotional, Behavioural Outcomes
Art	119	14	12
Careers	55	23	42
Health	500	204	41
English Language	629	230	37
Math	1032	0	0
Religion	424	82	19
Social Studies	760	57	8
Technology	155	23	15
Totals	3674	633	17

*output from *Ethnograph 5*

Art includes: Kindergarten; Art Tech 1201; Art & Design 2200/3200

Careers includes: Career Development 2201

Health includes: K-9 Health; Physical Education 1100; Healthy Living 1200; Physical Education 2100/2101; Physical Education 3100

English Language includes: K/1-9 English; English 1200; 1201; 1202; 2201; 2202; 3201; 3202; Canadian Literature 2204; Writing 2203; Theatre Arts 2200

Math includes: K-9 Math; Math 1204; 1206; 2204/2205; 2206; 3103; 3204/3205; 3207;
3206

Religion includes: K-9 Religion; Ethical Issues 1104; Christian Writings 2104; World
Religions 3104; World Religions 3101/3106

Social Studies includes: K-2 Social Studies; 6-9 Social Studies; Canadian Geography
1202; Canadian History 1201; Canadian Law 2104 2204; World Geography 3200;
World Geography 3202; Canadian Issues 1209; World History 3201

Technology includes: Grade 7; Design Tech 1109; 2109; Integrated Systems 2105;
Science Technology Society 2206; Communications Tech 2104; 3104; Computer
Technology 3200